A 57-year-old woman presented with a 1-year history of frequent, sharp, pricking pain in the right oropharynx, often triggered by swallowing or talking. Oxcarbazepine, pregabalin, and mecobalamin were tried but pain relief was not satisfactory. MRI with fast imaging employing steady-state acquisition indicated neurovascular compression of the cranial nerve IX (figure 1). Glossopharyngeal neuralgia was diagnosed and microvascular decompression was performed. The patient achieved complete relief of pain immediately after surgery. Evident focal nerve volume loss above the compressing artery was observed during operation (figure 2), highlighting mechanic force as the cause for glossopharyngeal neuralgia.

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The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.
Figure 2 Intraoperative Snapshot Showing Glossopharyngeal Nerve Focal Pressure Atrophy in Glossopharyngeal Neuralgia

(A) Focal pressure atrophy manifesting as a semitransparent notch (arrow) in front of the conflict artery. (B) The culprit artery loop was held to the left of the nerve; focal pressure atrophy (arrow) is visually evident.

Appendix Authors

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<thead>
<tr>
<th>Name</th>
<th>Location</th>
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<tbody>
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<td>Luying Li, MD, PhD</td>
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Reference


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