A 57-year-old woman presented with a 1-year history of frequent, sharp, prickling 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).\(^1\) 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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**Disclosure**
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.
Appendix Authors

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<tr>
<th>Name</th>
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<th>Contribution</th>
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<tbody>
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Reference

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Luying Li and Heng Zhang

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