

Diagnostic criteria:

- A. Paroxysmal attacks of facial pain lasting from a fraction of a second to 2 minutes and fulfilling criteria B and C
- B. Pain has all of the following characteristics:
 - 1. unilateral location
 - 2. distribution within the posterior part of the tongue, tonsillar fossa, pharynx or beneath the angle of the lower jaw and/or in the ear
 - 3. sharp, stabbing and severe
 - 4. precipitated by swallowing, chewing, talking, coughing and/or yawning
- C. Attacks are stereotyped in the individual patient
- D. There is no clinically evident neurological deficit
- E. Not attributed to another disorder¹

Note:

- 1. Other causes have been ruled out by history, physical examination and/or special investigations.

13.2.2 Symptomatic glossopharyngeal neuralgia

Description:

Pain as in 13.2.1 *Classical glossopharyngeal neuralgia* with the proviso that aching pain may persist between paroxysms and sensory impairment may be found in the distribution of the glossopharyngeal nerve.

Diagnostic criteria:

- A. Paroxysmal attacks of facial pain lasting from a fraction of a second to 2 minutes, with or without persistence of aching between paroxysms, and fulfilling criteria B and C
- B. Pain has all of the following characteristics:
 - 1. unilateral location
 - 2. distribution within the posterior part of the tongue, tonsillar fossa, pharynx or beneath the angle of the lower jaw and/or in the ear
 - 3. sharp, stabbing and severe
 - 4. precipitated by swallowing, chewing, talking, coughing and/or yawning
- C. Attacks are stereotyped in the individual patient
- D. A causative lesion has been demonstrated by special investigations and/or surgery

13.3 Nervus intermedius neuralgia

Description:

A rare disorder characterized by brief paroxysms of pain felt deeply in the auditory canal.

Diagnostic criteria:

- A. Pain paroxysms of intermittent occurrence, lasting for seconds or minutes, in the depth of the ear
- B. Presence of a trigger area in the posterior wall of the auditory canal
- C. Not attributed to another disorder¹

Note:

- 1. Other causes, in particular a structural lesion, have been ruled out by history, physical examination and

special investigations.

Comment:

Disorders of lacrimation, salivation and/or taste sometimes accompany the pain. There is a common association with herpes zoster. In view of the sparse innervation of the affected area by the nervus intermedius some patients may have an otalgic variant of glossopharyngeal neuralgia.

13.4 Superior laryngeal neuralgia

Description:

A rare disorder characterized by severe pain in the lateral aspect of the throat, submandibular region and underneath the ear, precipitated by swallowing, shouting or turning the head.

Diagnostic criteria:

- A. Pain paroxysms lasting for seconds or minutes in the throat, submandibular region and/ or under the ear and fulfilling criteria B-D
- B. Paroxysms are triggered by swallowing, straining the voice or head turning
- C. A trigger point is present on the lateral aspect of the throat overlying the hypothyroid membrane
- D. The condition is relieved by local anaesthetic block and cured by section of the superior laryngeal nerve
- E. Not attributed to another disorder¹

Note:

1. Other causes, in particular a structural lesion, have been ruled out by history, physical examination and special investigations.

13.5 Nasociliary neuralgia

Previously used term:

Charlin's neuralgia

Description:

A rare condition in which touching the outer aspect of one nostril causes a lancinating pain radiating to the medial frontal region.

Diagnostic criteria:

- A. Stabbing pain lasting seconds to hours in one side of the nose, radiating upwards to the medial frontal region and fulfilling criteria B and C
- B. Pain is precipitated by touching the lateral aspect of the ipsilateral nostril
- C. Pain is abolished by block or section of the nasociliary nerve, or by the application of cocaine to the nostril on the affected side

13.6 Supraorbital neuralgia

Description:

An uncommon disorder characterized by pain in the region of the supraorbital notch and medial aspect of the forehead in the area supplied by the supraorbital nerve.