

# Chronic facial pain

**Chronic facial pain** is considered one of the conditions that affect the quality of daily life of patients significantly and makes them seek medical help. Intractable **facial pain** with failed trials of medical treatment and other pain management therapies presents a challenge for neurologists, pain specialists, and neurosurgeons.

see [Persistent idiopathic facial pain](#).

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To [prospectively](#) compare [facial pain outcomes](#) for [patients](#) having either a repeat [microvascular decompression](#) (MVD) or [Percutaneous balloon compression trigeminal rhizotomy](#)

A prospective cohort study of 110 patients with [trigeminal neuralgia recurrence](#) who had either redo MVD (n=68) or PBC (n=42) from July 2010 until September 2016. The mean follow-up was 45.6 months.

After redo MVD, 65 patients (95.6%) experienced immediate relief of pain. After PBC, 34 patients (81%) were immediately relieved of their neuralgia. After 1 month, the clinical effect of redo MVD was better than PBC ( $p<0.01$ ). Patients who had redo MVD more commonly were pain free off medications (93.4% at 1 year, 78.2% at 4 years) compared with the PBC patients (85.1% at 1 year, 59.3% at 4 years). However, mean length of stay was longer ( $p>0.05$ ). Patients after PBC who occurred developed herpes simplex (35.7%), facial numbness (76.2%), annoying dysesthesia (21.4%) more frequently compared with patients after redo MVD who occurred developed herpes simplex (14.7%), facial numbness (8.8%), hypoesthesia (5.9%) ( $p<0.05$ ). The symptoms recurred respectively in 15 patients (22.1%) and 19 patients (45.2%) after redo MVD and PBC within the entire 6-year follow-up period.

For the patients with [trigeminal neuralgia](#) recurrence, redo MVD was a more effective procedure than PBC. The cure rate and immediate relief of pain were better, and the incidence of complications was lower.

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