

Glossopharyngeal neuralgia clinical features

Severe, lancinating pain in the distribution of the [glossopharyngeal nerve](#) and [vagus nerve](#) (throat & base of [tongue](#) most commonly involved, radiates to ear ([otalgia](#)), occasionally to the [neck](#)), occasionally with [salivation](#) and [coughing](#). Rarely: [hypotension](#), ¹⁾ [syncope](#), ²⁾ [cardiac arrest](#) and [convulsions](#) may accompany. May be triggered by [swallowing](#), talking, chewing.

Trigger zones are rare.

The neuropathic pain is characterized by paroxysmal pain episodes localized in the posterior tongue, tonsil, throat, and/or the external ear canal. Vagal involvement can produce [bradycardia](#), [syncope](#) or [asystole](#). Common triggers include [eating](#), [swallowing](#) and [speaking](#) ³⁾.

The long, pointed bone at the base of the skull (styloid process) is abnormally long and compress the nerve.

Attacks are brief and occur intermittently, but they cause excruciating pain. Attacks may be triggered by a particular action, such as chewing, swallowing, talking, yawning, coughing, or sneezing. The pain usually begins at the back of the tongue or back of the throat. Sometimes pain spreads to the ear or the area at the back of the jaw. The pain may last several seconds to a few minutes and usually affects only one side of the throat and tongue.

References

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³⁾

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Last update: **2024/06/07 02:53**

