

Glossopharyngeal neuralgia surgery

The degree of disability due to glossopharyngeal neuralgia (GN) refractory to conservative treatments justifies surgical procedures as second-line treatments.

Many surgical options have been described either via a percutaneous or an open surgical way. Actually, when a neurovascular conflict on root entry zone (REZ) or cisternal portion of the ninth and tenth cranial nerves is identified, microvascular decompression (MVD) is the first surgical option to consider. Many studies have demonstrated its efficacy and safety for the treatment of GN. Recently, stereotactic radiosurgery has gained space in the treatment of selected cases of GN ¹⁾.

The first surgical methods for [Glossopharyngeal neuralgia treatment](#) were based in extracranial ablation of the IX CN, proposed by Sicard and Robineau in 1920 ²⁾, however with important morbidity and high rate of recurrence due to lack of supraganglionic ablation. Posteriorly, Jannetta in the 1960s popularized the trigeminal tractotomy and the MVD of the glossopharyngeal nerve, with more acceptance of the rhizotomy, and lately the percutaneous procedures like the radiofrequency glossopharyngeal rhizotomy and GKS for GPN were popularized as well ^{3) 4)}.

Tractotomy or trigeminal or caudal nucleus nucleotomy ⁵⁾.

Microvascular decompression for glossopharyngeal neuralgia

see [Microvascular decompression for glossopharyngeal neuralgia](#).

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