

Glossopharyngeal neuralgia treatment

The first-line treatment for [glossopharyngeal neuralgia](#) is pharmacological and can be initiated with anticonvulsant medication including carbamazepine, gabapentin, oxcarbazepine, or pregabalin.

If these drugs are ineffective, applying a local anesthetic (such as lidocaine) to the back of the throat may provide temporary relief (as well as confirm the diagnosis).

If the pain is refractory, the treatment can be surgical, including rhizotomy of CNs IX and X, or with microvascular decompression (MVD) if neurovascular conflicts are detected.

Patients unable to tolerate such an operation due to advanced age or other medical problems may consider one of the many less invasive options including [Gamma Knife radiosurgery](#). Resection of the elongated [styloid process](#) through a minimally-invasive approach through the tonsil or neck can successfully cure the pain in [Eagle syndrome](#). Nerve sectioning techniques in the neck can effectively treat this disorder as well, especially when the pain does not involve the ear. Neurostimulation techniques, such as high cervical spinal cord stimulation and motor cortex stimulation, may be used when other treatment methods are ineffective.

However, for permanent relief, surgery may be needed. The glossopharyngeal nerve is separated from the artery that is compressing it by placing a small sponge between them (see Taking the Pressure Off a Nerve).

Surgery

[Glossopharyngeal neuralgia surgery](#).

Gamma Knife Radiosurgery for Glossopharyngeal Neuralgia

see [Gamma Knife Radiosurgery for Glossopharyngeal Neuralgia](#).

Combined trigeminal neuralgia and glossopharyngeal neuralgia

see [Trigeminal neuralgia and glossopharyngeal neuralgia](#).

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