# Hyperactive dysfunction syndrome

Hyperactive dysfunction syndrome (HDS) of the cranial nerves, such as trigeminal neuralgia (TN), hemifacial spasm (HFS), and glossopharyngeal neuralgia (GPN), are commonly managed via microsurgery. However, certain cases may present a combination of these syndromes.

Zhang et al., aimed to retrospectively assess patients with combined HDS from a single center.

Of 1275 consecutive patients with HDS treated at the center between 2007 and 2017, 37 patients with combined HDS were enrolled, and their medical and surgical records were analyzed.

The patients with combined HDS, accounting for 2.9% of all patients with HDS, included 22 cases with bilateral TN, 5 cases with TN-HFS, 8 cases with TN-GPN, and 2 cases with GPN-HFS. A comparison of patients with single and combined HDS indicated a significant difference in the mean age at initial diagnosis (63.57 vs 56.18 years, P=0.000), but no such difference in the sex ratio (0.54 vs. 0.59, P=0.865) or incidence of hypertension (32.43% vs. 24.56%, P=0.274). In total, 32 microvascular decompression (MVD) procedures were performed in the 27 patients with combined HDS, and repeat MVD was required in 5 patients with bilateral TN. Of the 27 patients who underwent MVD, 25 (92.6%) exhibited clinical cure or obvious alleviation.

Combined Hyperactive dysfunction syndrome (HDS) involves a group of functional disturbance disorders affecting specific cranial nerves, and may include TN, HFS, and GPN. In addition to gender and hypertension incidence, age appeared to be a vital parameter for developing combined HDS, although this finding was inconsistent in previous studies. MVD appears to be a safe and effective treatment for combined HDS, with a high rate of long-term success [1)].

## Unclassified

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