Microvascular decompression (MVD) is the most effective and non-ablative treatment for trigeminal neuralgia (TN). However, it is not possible when neurovascular compression (NVC) is absent. Neurocombing is a possible treatment option for TN patients without NVC. AIM: To evaluate and describe the clinical outcome of neurocombing for the treatment of TN when NVC was absent.

Liang et al., retrospectively reviewed the clinical data of the 37 patients of Type 1 TN without NVC who underwent neurocombing in our department between January 2013 and November 2014. The Barrow Neurological Institute (BNI) Pain Intensity scale, the numerical rating scale (NRS) and the quality of life scale (QOL) were evaluated in four stages-presurgical, immediate, at 1 and at 3 years. Pain recurrence was statistically evaluated with Kaplan-Meier analysis.

All the 37 enrolled patients were proved to have no NVC by imaging or exploration in surgery. The mean follow-up duration was 29.50 months. After the procedure, 35 patients (94.6%) experienced immediate pain relief (BNI I) and 2 patients (5.4%) had occasional pain without any medication (BNI II). At 1 year and 3 years, the rates of successful pain relief (BNI I&II) were 86.5 and 83.3%, respectively. 34 patients (91.9%) suffered from mild facial numbness, while it did not exert a harmful impact on their quality of life.

This study demonstrated that neurocombing is an attractive, effective, safe and durable treatment option for TN when NVC is absent. Further study is needed to explain the complicated and exact mechanism of pain relief by neurocombing  $^{1)}$ .

## 1)

Liang X, Dong X, Zhao S, Ying X, Du Y, Yu W. A retrospective study of neurocombing for the treatment of trigeminal neuralgia without neurovascular compression. Ir J Med Sci. 2017 Jan 6. doi: 10.1007/s11845-016-1547-y. [Epub ahead of print] PubMed PMID: 28063126.

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