

Sluder's Syndrome ([Pterygopalatine Ganglion Neuralgia](#)) □ Definition Sluder's Syndrome is a rare craniofacial pain syndrome attributed to irritation or dysfunction of the pterygopalatine ganglion (also called the sphenopalatine ganglion). First described by Greenfield Sluder in 1908, the condition is classified as a trigeminal-autonomic cephalalgia, characterized by unilateral facial pain with parasympathetic autonomic features.

□ Clinical Features Unilateral facial pain localized to:

Nasal cavity

Maxilla

Orbit

Upper teeth

Palate

Pain may be continuous or paroxysmal, with dull, aching or burning character

Autonomic symptoms include:

Rhinorrhea

Lacrimation (tearing)

Nasal congestion

Conjunctival injection

Facial flushing or sweating

Patients may also report:

Sensation of nasal fullness or pressure

Toothache (especially upper molars) without dental pathology

Migraine-like headaches

□ Diagnosis Primarily clinical, supported by:

History and symptom pattern

Exclusion of other causes (trigeminal neuralgia, sinus disease, cluster headache)

Positive response to pterygopalatine ganglion block (diagnostic and therapeutic)

Imaging (MRI/CT) is important to rule out structural lesions of the pterygopalatine fossa

□ Differential Diagnosis Trigeminal neuralgia (especially V2)

Cluster headache

Migraine with autonomic symptoms

Sinusitis

Atypical facial pain

Vidian nerve neuralgia

⚙ Management Conservative:

Anticonvulsants (e.g., carbamazepine, gabapentin)

TCAs (e.g., amitriptyline)

Nasal topical anesthetics

NSAIDs for breakthrough pain

Interventional:

Pterygopalatine ganglion block

Transnasal, infrazygomatic, or image-guided

Can be repeated or used as bridge to further treatment

Pterygopalatine ganglion radiofrequency ablation or alcohol neurolysis

Reserved for refractory cases

Endoscopic surgical ganglionectomy (rare, invasive, limited indications)

□ Key Points for Residents Rare but important cause of unilateral facial pain with autonomic signs

Misdiagnosis as sinusitis or trigeminal neuralgia is common

Ganglion block is both diagnostic and therapeutic

Anatomical understanding of the pterygopalatine fossa is essential for effective intervention

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