

A clinical pain syndrome similar to “carotidynia” developed in a patient several years after undergoing carotid endarterectomy. The pain was reversed by superior laryngeal nerve block, followed by superior laryngeal neurectomy. A diagnosis of superior laryngeal neuralgia was suggested by several characteristic features: (1) pain along the anterior cervical triangle, with extension to the ipsilateral ear and eye, (2) hoarseness, and (3) paralysis of the ipsilateral cricothyroid muscle on laryngoscopy. Carotidynia usually refers to neck pain arising from the carotid artery in the neck and is often viewed as a migraine variant. Our observations suggest that carotidynia may not be a migraine variant and that “carotidynia” may not be an accurate term for all pains in the anterior cervical triangle. We suggest that evaluation of neck pain include speech pathology and otolaryngologic consultations (including laryngoscopy) if any voice disorder is reported or noted. Since the superior laryngeal nerve is the neural structure most contiguous to the bifurcation of the carotid artery, the superior laryngeal nerve may have become entrapped in a fibrotic process that developed after carotid endarterectomy. Such pain may be a rare complication of carotid endarterectomy. When other causes have been excluded and pain continues, a superior laryngeal nerve block should be considered <sup>1)</sup>.

<sup>1)</sup>

O'Neill BP, Aronson AE, Pearson BW, Nauss LA. Superior laryngeal neuralgia: carotidynia or just another pain in the neck? Headache. 1982 Jan;22(1):6-9. PubMed PMID: 17152738.

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