

# Supraorbital and supratrochlear neuralgia

[Gabapentin](#) (800–2400 mg/d) or [pregabalin](#) (150 mg/d) is helpful for some <sup>1)</sup>.

Topical [capsaicin](#) applied to the symptomatic area may help.

Refractory cases may respond to rhizotomy with alcohol (providing an average of 8.5 months relief <sup>2)</sup> or with radiofrequency ablation.

Persistent cases may require exploration and decompression of the nerve by lysing bands overlying the supraorbital notch, <sup>3)</sup> or, ultimately, to neurectomy which provides an average of 33.2 months relief <sup>4)</sup>.

<sup>1)</sup>

Caminero AB, Pareja JA. Supraorbital neuralgia: a clinical study. Cephalalgia. 2001; 21:216–223

<sup>2)</sup>

Stookey B, Ransohoff J. Trigeminal Neuralgia: Its History and Treatment. Springfield, IL: Charles C Thomas; 1959

<sup>3)</sup>

Sjaastad O, Stolt-Nielsen A, Pareja JA, et al. Supraorbital neuralgia: on the clinical manifestations and a possible therapeutic approach. Headache. 1999; 39:204–212

<sup>4)</sup>

Grantham EG, Segerberg LH. An evaluation of palliative surgical procedures in trigeminal neuralgia. J Neurosurg. 1952; 9:390–394

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