

Temporal headache

The targets for the surgical treatment of temporal headaches are the zygomaticotemporal branch of the trigeminal nerve and the auriculotemporal nerve. The former is often accessed by means of an endoscopic brow approach or potentially by laterally extending a transpalpebral incision. An established surgical approach, the Gillies incision, was modified to access the zygomaticotemporal nerve, as it was felt to combine the advantages of the traditional techniques. Nineteen patients underwent zygomaticotemporal nerve decompression and neuroplasty or neurectomy and muscle implantation using this surgical approach. A 3.5-cm incision was made behind the anterior, temporal hairline and the zygomaticotemporal branch of the trigeminal nerve was approached directly, remaining superficial to the deep temporal fascia. Each patient was assessed preoperatively and postoperatively with regard to the frequency, duration, and severity of their symptoms to calculate a Migraine Headache Index score. All evaluations were performed at least 1 year postoperatively. The mean preoperative Migraine Headache Index score was 131.7 and the mean postoperative score was 52 ($p < 0.0001$). There were no surgical complications. There appeared to be no differences between those patients that had decompression and neuroplasty versus those that underwent neurectomy and implantation, as both groups experienced significant reductions in Migraine Headache Index scores following the procedure. The anterior temporal approach to the zygomaticotemporal nerve is both safe and effective. The advantages of this approach include a hidden scar, the ability to directly manipulate the nerve for transection or preservation, and access to the auriculotemporal nerve through the same incision ¹⁾.

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Peled ZM. A Novel Surgical Approach to Chronic Temporal Headaches. *Plast Reconstr Surg*. 2016 May;137(5):1597-600. doi: 10.1097/PRS.0000000000002051. PubMed PMID: 27119933.

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