

# Tumor-Related Trigeminal Neuralgia

## Summary

**Type:** [Secondary trigeminal neuralgia](#) due to [tumor compression](#) or infiltration

**Common causes:** [Schwannoma](#), [meningioma](#), [epidermoid cyst](#), [metastasis](#), [glioma](#), [nasopharyngeal carcinoma](#)

## Etiology

- [Trigeminal schwannomas](#)
- [Meningiomas](#) (e.g., cerebellopontine angle meningioma, skull base)
- [Epidermoid cysts](#)
- [Brain metastases](#)
- [Intrinsic brainstem tumors](#) (e.g., gliomas)
- [Nasopharyngeal carcinoma](#) (invasion through foramen rotundum or ovale)

## Clinical Features

- **Facial pain:** [paroxysmal](#) or [constant](#), sharp or burning
- Involvement of one or more branches of the [trigeminal nerve](#) (V1, V2, V3)
- Sensory loss: [hypoesthesia](#) or [paresthesia](#) is common
- Motor deficit: masseter weakness/atrophy if V3 involved
- Other cranial nerve deficits (e.g., CN VI, VII, VIII) may be present

## Diagnosis

- **MRI with contrast:**
  - Evaluate the nerve from root entry zone to Meckel's cave and skull base foramina
  - Look for mass lesions, infiltration, or compression
- **CT scan:**
  - Useful for detecting bone erosion or foraminal involvement

## Differences from Classical Trigeminal Neuralgia

Feature	Classical TN	Tumor-Related TN
Cause	Vascular compression	Tumor compression or invasion
Sensory loss	Rare	Common
Pain	Paroxysmal, electric-shock	May be constant or atypical
Other cranial nerves	Rarely affected	Often involved
MRI findings	Often normal	Visible mass lesion

## Important Note

Any trigeminal neuralgia with atypical features or associated neurological deficits should prompt MRI imaging to rule out a tumor or structural lesion.

## Treatment

[Tumor-Related Trigeminal Neuralgia Treatment](#)

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Last update: **2025/05/04 16:46**

