A sixty-six year old female with trigeminal trophic syndrome was referred to our clinic for itching and pain in her nostrils for eleven years associated with erosion/rash of nasal ala bilaterally. She followed with the neurology, ENT, neurosurgery, and dermatology services. She had tried many treatments without relief including gabapentin, low dose pregabalin, amitriptyline, hydrocodone/ acetaminophen, acupuncture, hyperbaric chamber oxygenation, hydrocolloid bandages, etc. At the time of our consultation her only medications for this issue were oxcarbazepine and ibuprofen. We prescribed pregabalin 50mg PO qHS and lidocaine gel topically QID PRN. She followed up in one month in our clinic and had approximately 50% pain relief. However, on subsequent follow up visit, she was no longer having relief with pregabalin and was not interested in increasing the dose. She did continue to find the lidocaine gel helpful. At this point, we referred the patient to the dermatology service for topical tacrolimus therapy, as this has been helpful in some case reports for this difficult to treat disease.

CONCLUSIONS

Often, trigeminal trophic syndrome occurs in an area of the face rendered insensate as a result of surgery (or other procedures) involving the trigeminal nerve. Interestingly, our patient denied any surgical or ablative treatments of the trigeminal nerve, as well as any history of trigeminal neuralgia. However, she did feel that the symptoms started after an episode of herpes labialis followed by a sinus infection. Additionally, she had chemotherapy induced peripheral neuropathy, indicating some level of prior damage to her nervous system.

While we were unable to provide complete relief, the relative effectiveness of topical lidocaine in this case lends additional anecdotal support to this treatment modality in trigeminal trophic syndrome. This is consistent with prior case reports.

REFERENCES