DECOMPRESSION OF THE TRIGEMINAL ROOT

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In a preliminary communication12 decompression of the trigeminal root was described as a treatment in trigeminal neuralgia. The paper reported the results in 10 cases with a very short follow-up. Since then this method has been used almost regularly in cases of trigeminal neuralgia in Copenhagen, and it has been introduced too in a number of clinics in other countries.

Up to the present the procedure has brought both some satisfaction and some disappointment. The disappointment has been that in some of the patients, as was apprehended in the first communication, the pain has recurred and a re-operation has been necessary. The satisfaction has been that the risk of this operation seems to be rather small in a larger series and that the procedure seems to be useful also in other hands.1,3,5–11,13

However, in some of the clinics where this surgical procedure has been tried, there has been doubt about certain technical details of the operation, and the technique has been modified.1,5,6,9–11,13

It is therefore felt justifiable to describe here the details of the technique used and to report on further experiences with the operation, with a warning against too much enthusiasm, as follow-up has shown that recurrence of the pain has occurred in at least some of the patients. It will be necessary to follow the patients for a long period before the actual percentage of recurrences can be established. It is felt that it still is too early to advocate this surgical procedure as one that should be used as a standardized operation at present.

THE MATERIAL

Up to July 1, 1953 a total of 76 patients have been treated in Copenhagen by decompression of the trigeminal root (Table 1).

The patients may be divided in three groups: (1) those with lightning-like shooting pain called typical trigeminal neuralgia, (2) those with the same kind of pain but who have besides this a more constant burning pain called atypical trigeminal neuralgia, and (3) those showing no tic pain but a more constant burning pain in some part of the face, called atypical facial pain.

The difference, if any, in etiology and pathogenesis between the diseases of the first two groups is small. Both groups suffer from what is usually called trigeminal neuralgia, and the results of the decompressive treatment indicate that the diseases in these two groups are related. On the other hand,

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there are other differences in these two groups. In the second group, for instance, the percentage of men, the percentage of left-sided pain, and the percentage of what has been called “pre-operative spontaneous hypesthesia” seem to be higher than in the first group. The third, rather heterogeneous group seems to differ from the first two groups in regard to etiology, as indicated by the results of the treatment.

All patients except one were suffering from pain at the time of admission to the neurosurgical department. More than half of the patients had been treated previously with alcohol, exeresis, or electrocoagulation of the peripheral branches of the trigeminal nerve. Consequently some of the patients presented slight hypesthesia following this treatment, but other patients had “pre-operative spontaneous hypesthesia,” i.e. slight hypesthesia in some part or another of the face, which was not caused by previous treatment. Two patients had been treated previously by partial trigeminotomy.

The patients in the first two groups were selected in no special way for operation. Practically all patients suffering from trigeminal neuralgia admitted to the neurosurgical departments in Copenhagen within the last $2\frac{1}{2}$ years