

Kranijalne neuralgije

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Definicija

➤ Oboljenja perifernih živaca praćena paroksizmalnim bolom

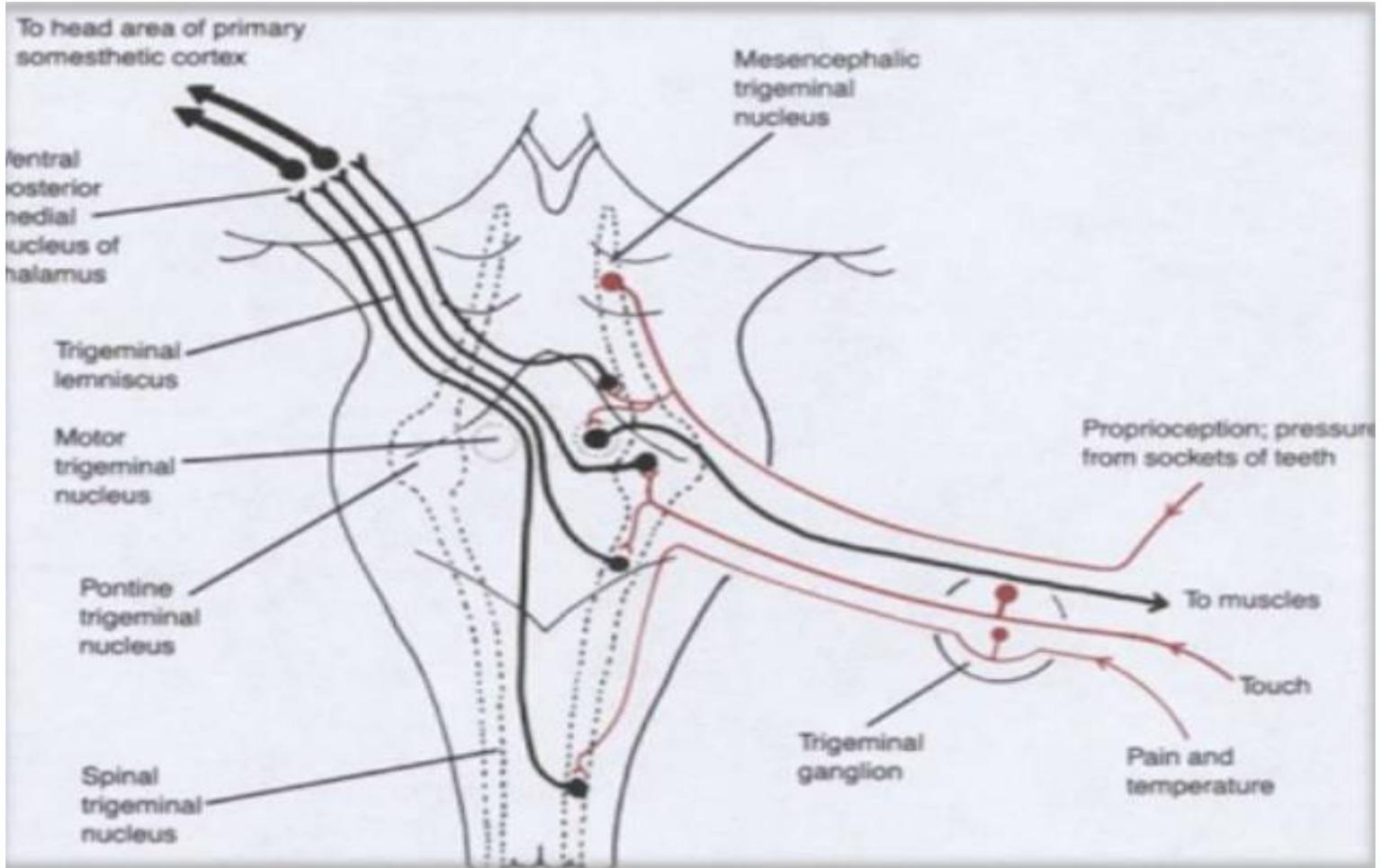
➤ Bez anatomskih promjena

➤ Dominantno mjesto:
trigeminalna neuralgija

➤ Mnogo rjeđe:
glosofaringealna, neuralgija intermediusa i okcipitalna N



Kompleksni putevi n.trigeminusa...

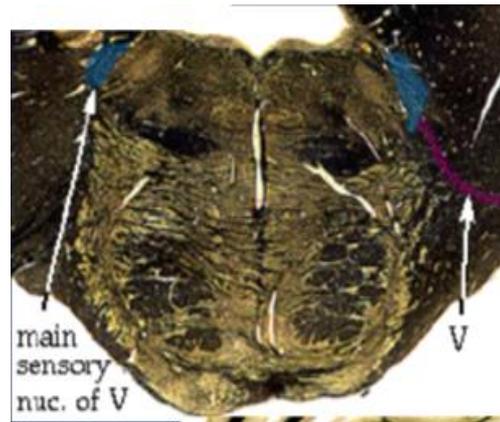
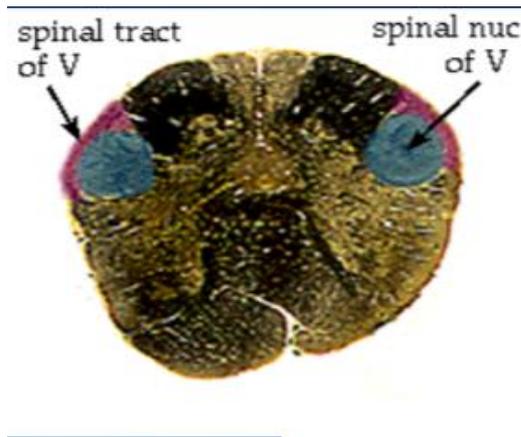


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Senzorna jedra trigeminalnog živca

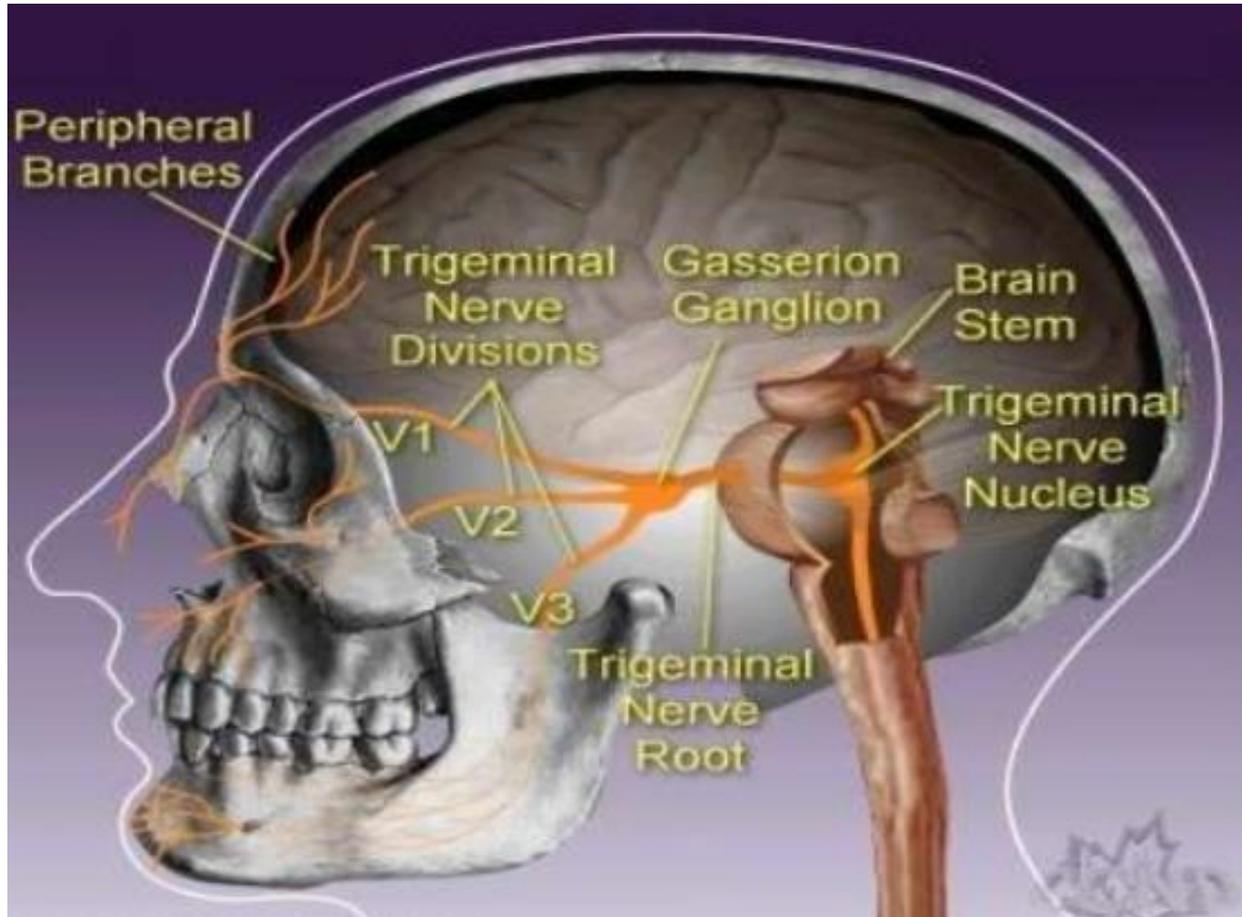
- Spinalno jedro: bol i temperaturu, laki dodir
- Pontino trigeminalno: taktilnu diskriminaciju
- Mezencefalično: proprioceptivni, vibratorni



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Anatomija

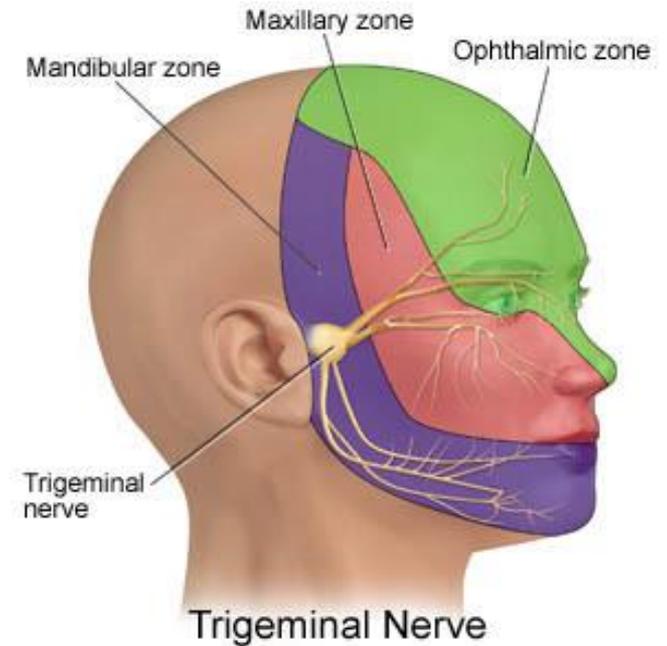


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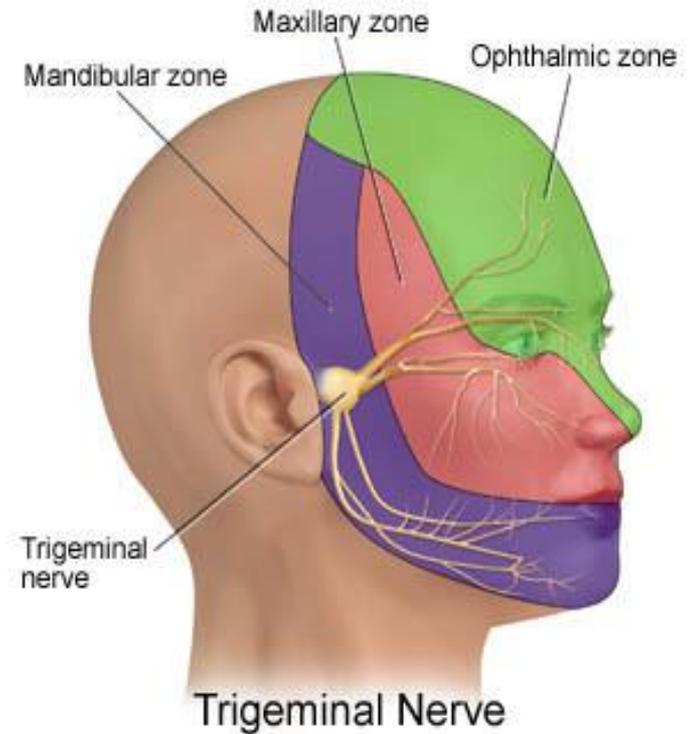
Anatomija - nervus ophtalmicus

- Kožu lica i kosmatog dijela glave između linije koja spaja oba oka, preko tjemena i donje linije koja ide prednje gornjom ivicom temporalnog predjela do spoljašnjeg očnog ugla, ivicom donjeg kapka do korijena nosa.
- Inerviše i usku zonu nosnog grebena, korneu, konjunktivu, iris, sluznicu frontalnog sinusa i svoda nosne duplje.



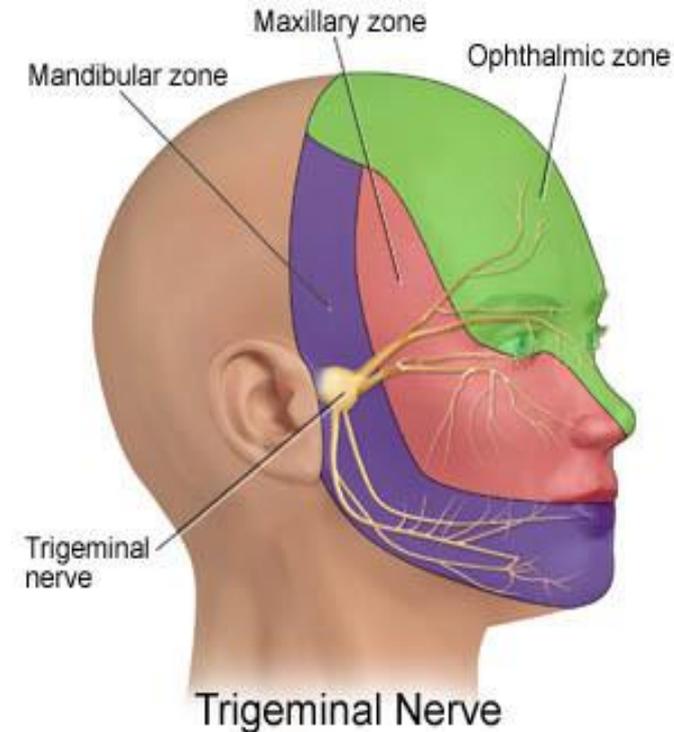
Anatomija – nervus maxillaris

- Kožu lica između donje linije za inervaciju n.ophtalmicusa i linije koja ide od ugla usana prema temporalnom predjelu (bočna strana nosa, obraz, dio sljepoočnog predjela).
- Dio sluznice nosa, maksilarnog sinusa, gornju vilicu i zube gornje vilice, tvrdo i dijelom meko nepce, gornju usnu.



Anatomija – nervus mandibularis

- Kožu lica između dvije linije inervacione grane n.maxillarisa i linije koja djelomično prati ivicu mandibule.
- Gornju polovinu ušne školjke, tragus, spoljni ušni kanal, m. tympani, dio sljepoočnice i sluznice obraza, poda usta, prednje 2/3 jezika, zube donje vilice, donju usnu.



Trigeminalna neuralgija

“ as it were a flash of fire all of a sudden shot into all those parts which made her shreeke out...”



Letter to a friend by John Locke

December 4, 1677

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Povijesni podaci

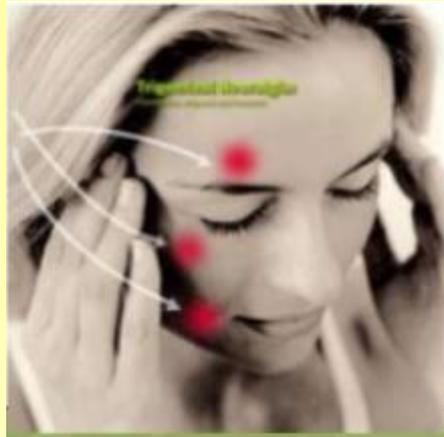
- Aretaeus of Cappadochia – krajem 1st klinički opis
- 1677g – John Locke prvi opis sa terapijom
- 1756g – Nicholas Andre - „tic douloureux”, „cynical spasm”
- 1773g – John Forthergill – „Forthergill’s disease”
- 1829g – Charles Bell – prvi opis n.trigeminusa
- 1853g – Trousseau – „neuralgia epileptiform”
- 1942g – Bergouignan – Phenytoin
- 1962g – Bolim- Carbamazepine
- 1934g - Dandy – Vaskularna kompresija na živac

Definicija trigeminalne neuralgije

Paroksizmalna pojava jake, oštre i kratkotrajne boli u inervacionom području trigeminalnog živca.

Jedna od najjačih neuropatskih boli

“Pain is temporary. Quitting lasts forever” ... Lance Armstrong

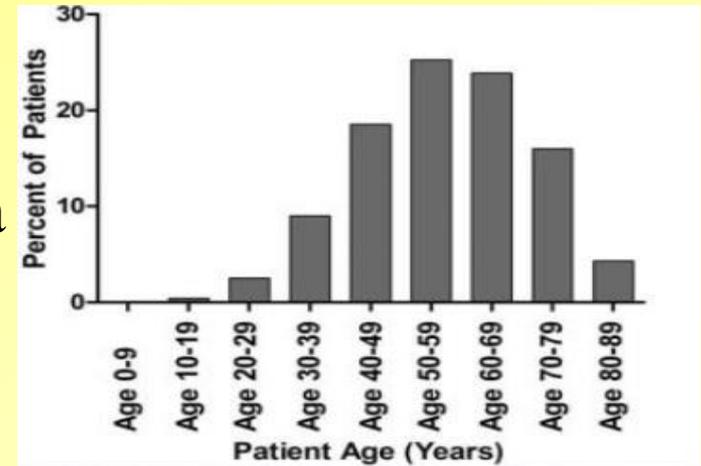


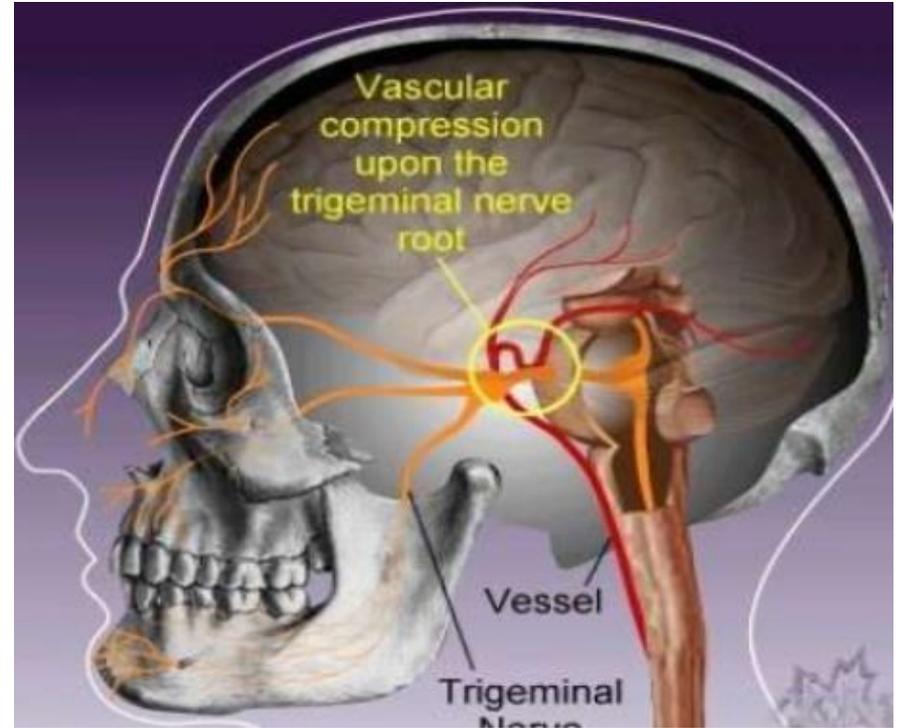
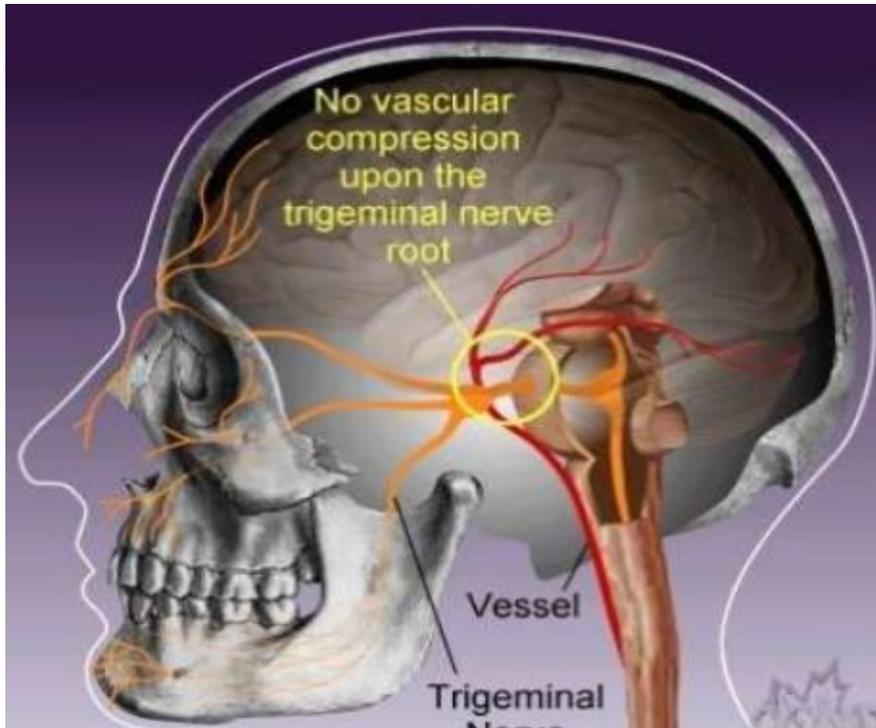
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Epidemiologija trigeminalne neuralgije

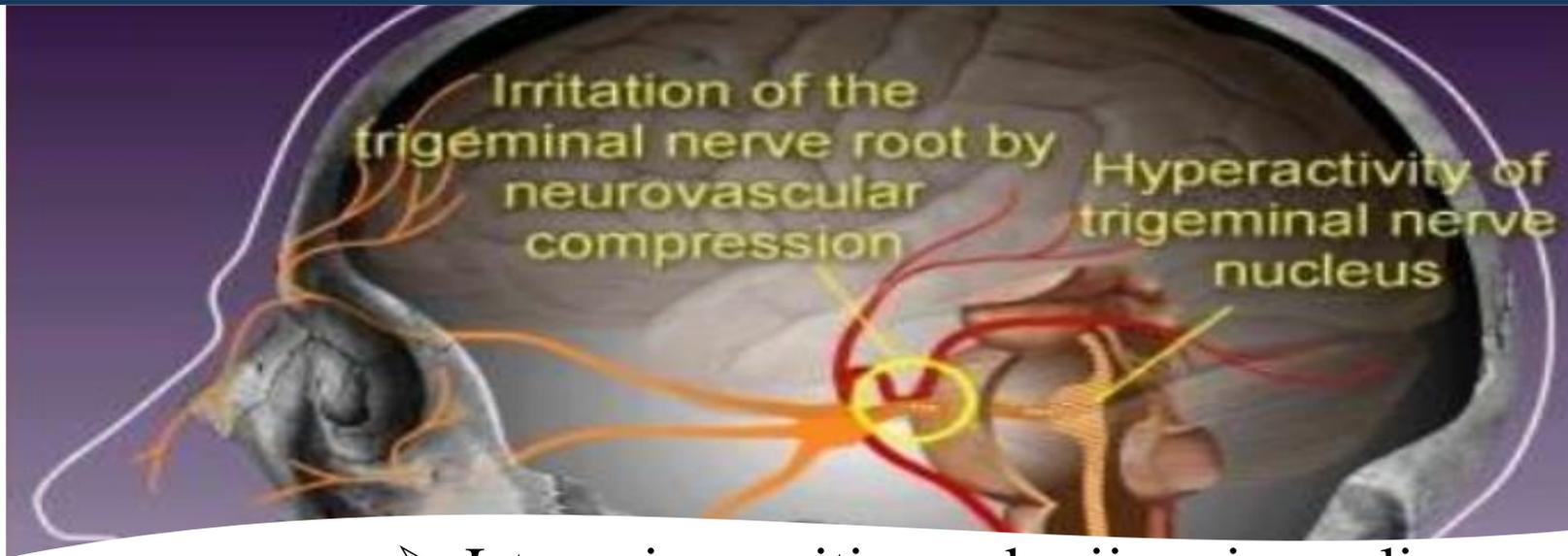
- 4-13 osoba/100.000 stanovnika.
- Ž 2x češće; osobe iznad 50 god života
- Češće na desnoj strani (56%)
- Maksilarna (V2) > Mandibularna (V3) > Oftalmička (V1)
- Nadimak „suicidalna bol” – 3 god 50% pokušaja samoubojstvo





Etiologija trigeminalne neuralgije

- Klasična i simptomatska
- Klasična: idiopatske i uzrokovane vaskularnim poremećajima.
- Sekundarne: ekstra i intrakranijalni kompresija ili oštećenja živca tumori, trauma, infekcija.



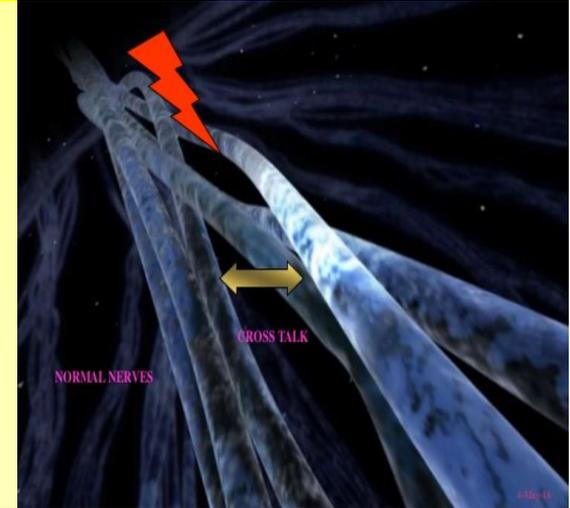
Trigeminalna neuralgija - etiologija

- Istezanje senzitivnog korijena i gangliona
- Pritisak dure na korijen živca ili ganglion - mehanički nadražaj!
- MS: paroksizmi, žarište demijelinizacije zahvati korijen na mjestu ulaska u pons.
- Neprestano pomicanje korijena živca: pokreti glave, pulzacija art i promjene pritiska likvora
- Skup mikrotrauma koje uz istezanje i pritisak mogu stvoriti napade bolova.

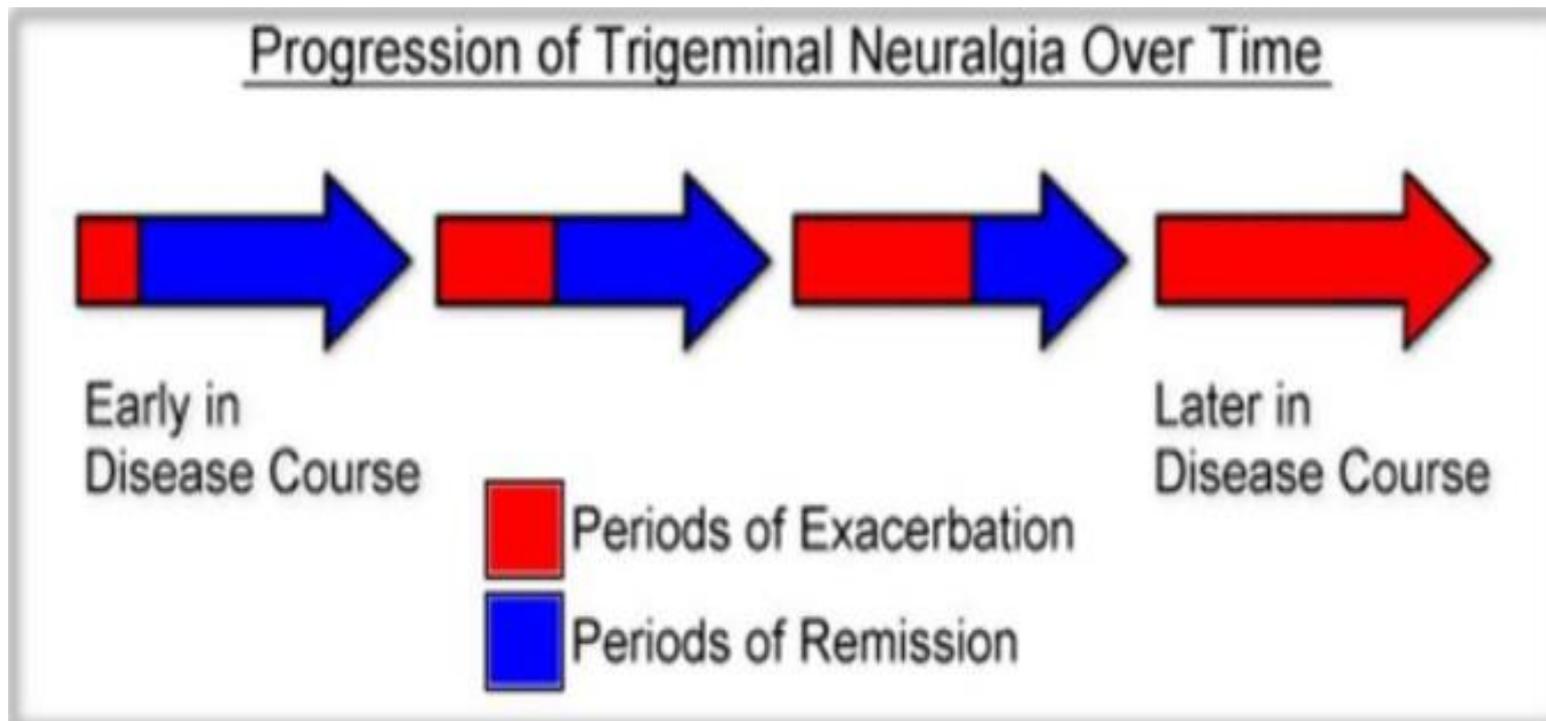
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Klinička slika trigeminalne neuralgije

- paroksizmalna unilateralna jaka bol
- od nekoliko sek do 2 min
- može se ponavljati više puta dnevno
- umivanje, šminkanje, brijanje, govor, žvakanje
- bolovi rjeđi noću
- udar strujom ili nožem
- bolna grimasa („bolni tik“)
- remisije i egzacerbacije
- trifacijalna neuralgija



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Dijagnoza trigeminalne neuralgije

- Klinička slika
- Neurološki pregled
(oštećenje senzibiliteta ili ugašen kornealni refleks van napada bola – simptomatska neuralgija)
- Neuroradiološka obrada

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Ispitivanje funkcije N. trigemini

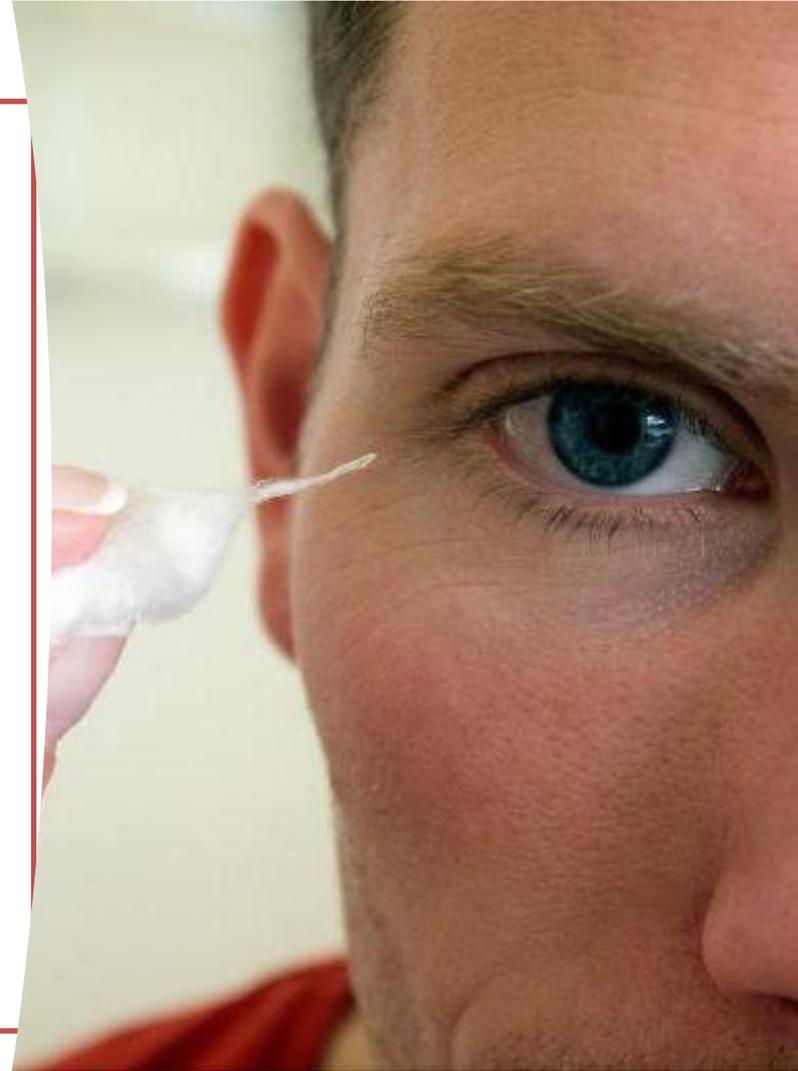
- Pregled senzibiliteta lica (zatvorenih očiju)
 - Ispitivanje osjećaja dodira
 - Ispitivanje osjećaja bola
 - Ispitivanje osjećaja temperature
- Kornealni i konjunktivalni refleksi
 - Refleksni luk:
 - *n. ophtalmicus*
 - *nuclei pontis*
 - *n. facialis*
 - *m. orbicularis oculi*
- Refleks masevera



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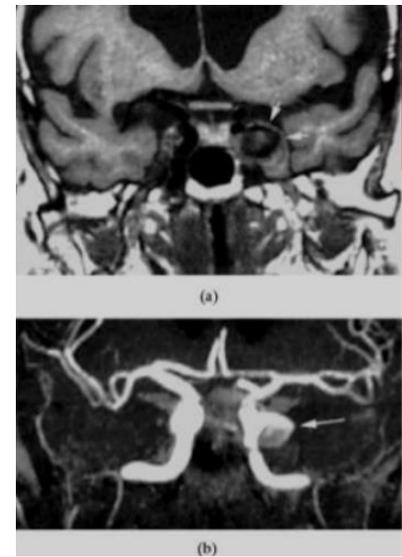
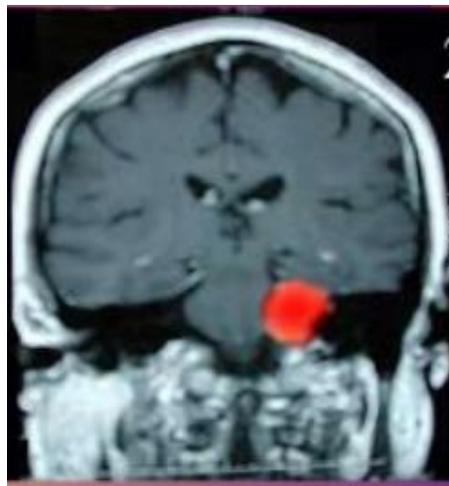
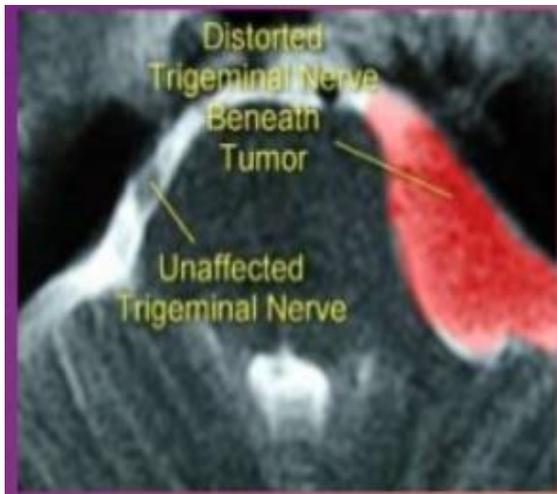
Korneokonjuktivalni refleks

- korneu dodirujemo parčetom vrha zašiljene vate.
- izbjegli obrambeni refleks treptanja.
- dolazi do žmirkanja (obostrano treptanje).
- Aferentni neuron je n.ophtalmicus, centar je u ponsu, eferentni neuron je n.facialis m.orbicularis oculi.
- Pri oštećenju refleksnog luka na bilo kom nivou refleks će izostati.



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MRI, MR mozga

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Terapija trigeminalne neuralgije

- Ekstrakcije zuba, pročišćavanja, pčelinji otrov, vrele kupke, odmor u mračnoj sobi, konzumiranje vina
- Medicinska terapija: od žive do okskarbazepin
- Kemoneuroлиза
- Radioterapija
- Perkutane ablativne procedure
- Stereotaksijska radiokirurgija
- Cyber nož

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Farmakoterapija

- ❖ Anticonvulsants
- ❖ Muscle relaxants
- ❖ Anti depressants
- ❖ Topical agents

First generation:

- Phenytoin
- Carbamazepine
- Valproate
- Baclofen
- Amitriptyline
- Nortriptyline

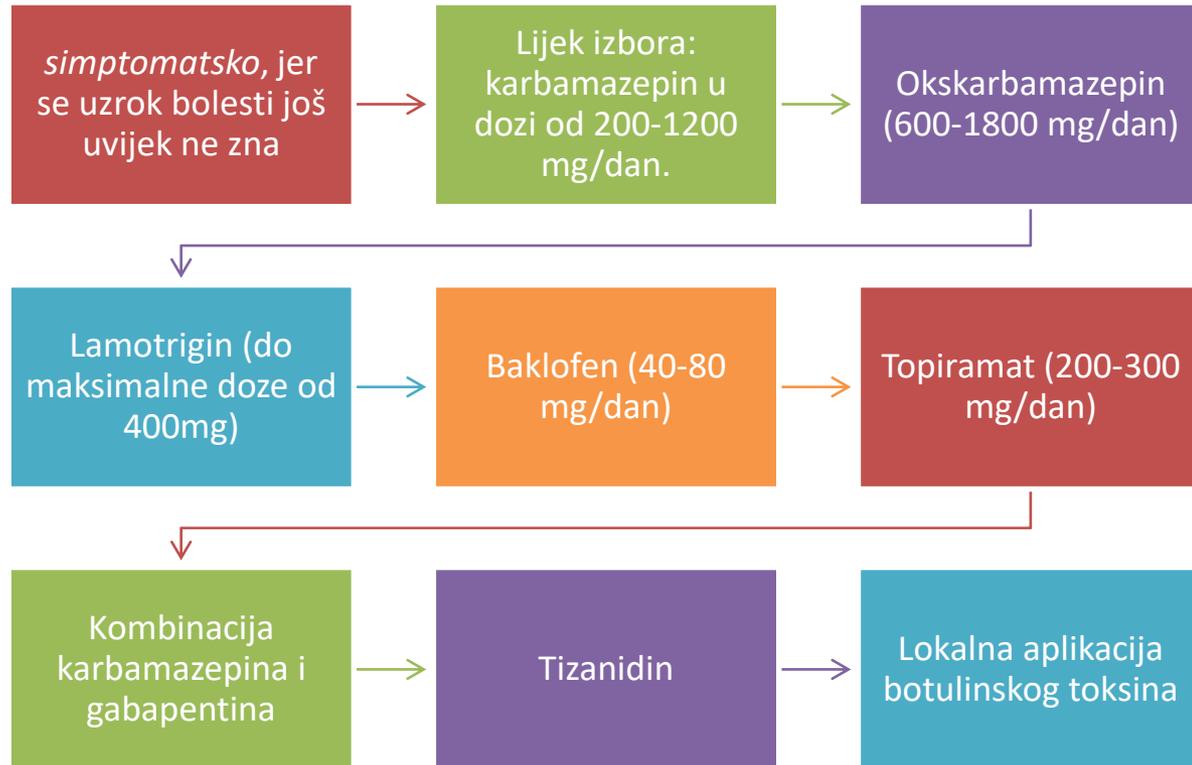
Second generation:

- Gabapentin
- Oxcarbazepine
- Lamotrigine
- Zonisamide
- Topiramate
- Levetiracetam
- Venlafaxine
- Duloxetine
- Pregabalin

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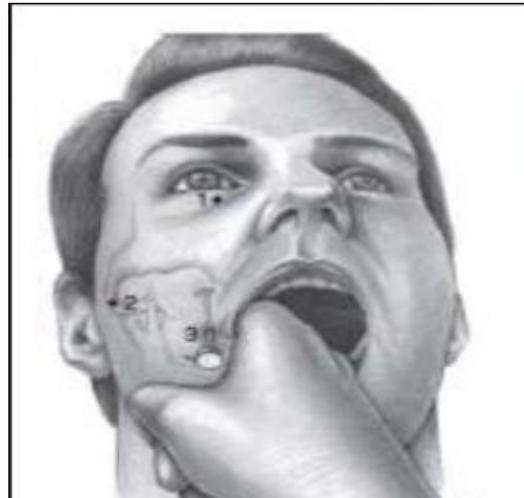
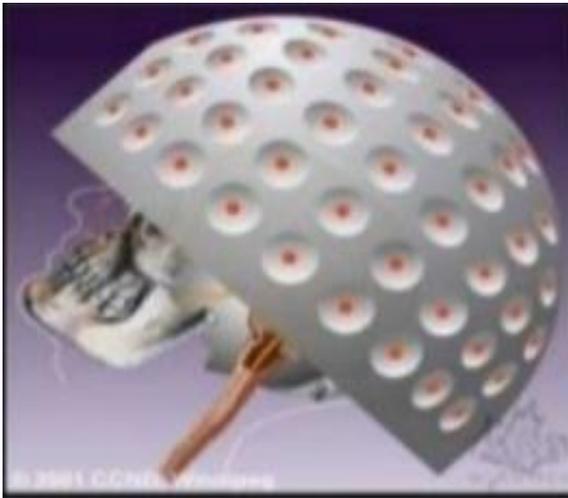
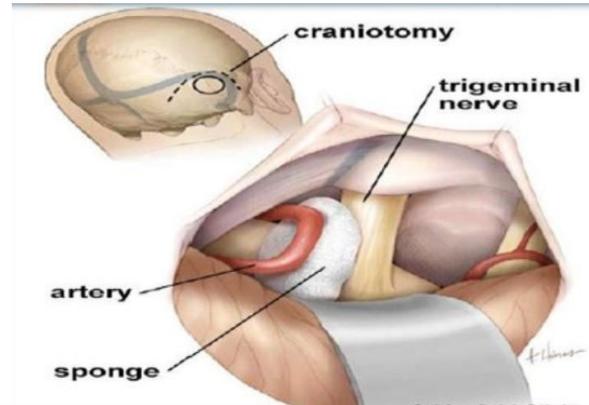
Liječenje trigeminalne neuralgije



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Neurokirurške metode

- Indikacije: rezistentnost na farmakoterapiju, nuspojave
- Metode:
 - Perkutane
 - Otvoreni kirurški pristupi
 - Radioterapija



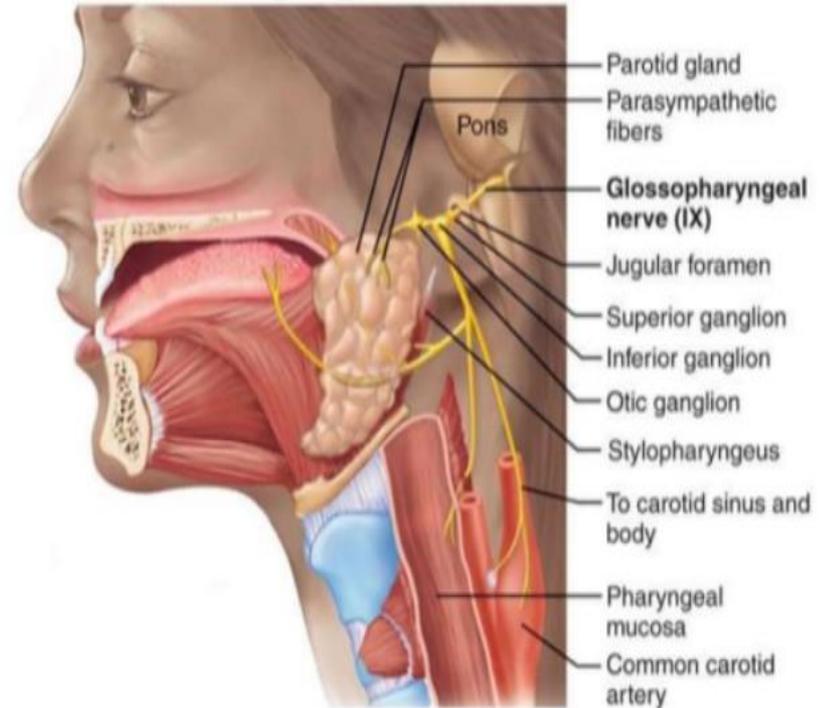
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Liječenje trigeminalne neuralgije

- Mikrovaskularna dekompresija: invazivna, stopa smrtnosti niska, a komplikacije rijetke.
- Ablativni postupci (rizotomija s radiofrekvencijskom termokoagulacijom, mehaničkom balonskom kompresijom ili injekcijom kemijske supstancije (glicerola), radiokirurgijom)
- Ablativni postupci: manje invazivni, ponavljanje može biti češće.
- Komplikacija: bolna posttraumatska neuropatija
- Odluka o operaciji i odabir kirurških mogućnosti nalažu individualni pristup bolesniku te ovise o dostupnosti tehnika i stručnosti lokalnoga bolničkog centra.

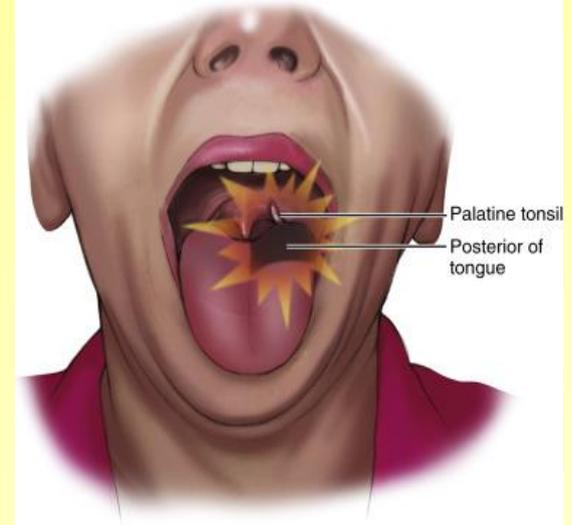
Anatomija nervus glossopharingeusa

- inervira m.stylopharyngicus i mišiće stražnjeg stuba ulaza u ždrijelo
- prenosi senzibilitet za dodir iz:
bubne duplje i mastoida,
zadnjeg dijela mekog nepca,
uvule, tube auditive, epiglotisa,
zadnjeg i bočnog dijela ždrijela,
tonzila i zadnje trećine jezika.



Glosofaringealna neuralgija

- Epizode jake, oštre, probadajuće boli u području inervacije IX kranijalnog živca.
- Rjeđa je od trigeminalne neuralgije
- Često se sa njom zamjenjuje zbog sličnosti napada bolova i lokalizacije.
- Učestalost - opštoj populaciji 0,5/100.000 stanovnika.



Glosofaringealna neuralgija

➤ Primarna ili idiopatska i sekundarna ili simptomatska

➤ *Simptomatska* može biti:

posljedica tm pontocerebelarnog ugla.

tm moždanog stabla, kao i drugi tm zadnje lobanjske jame.

kompresija živca od strane aneurizme

infekcije i traume vrata.

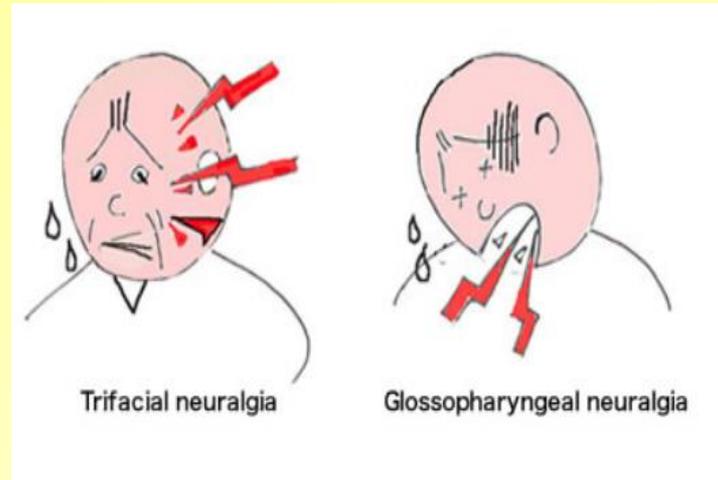
Idiopatska glosofaringealna neuralgija

- Nepoznatog je uzroka, počinje u 5., 6. i 7. deceniji života.
- Paroksizmalni unilateralni napadi boli jakog intenziteta
- Probadanje ili „udar električnom strujom“
- Tonzile, uho, stražnji dio ždrijela, bazu jezika i područje iznad mandibularnog ugla.



Idiopatska glosofaringealna neuralgija

- Provocirajući faktori: kašljanje, gutanje, zijevanje, žvakanje, kihanje te mehaničkim dodirima u području vrata i vanjskog zvukovoda
- 2-3 puta godišnje
- Nekoliko min do nekoliko dana
- Periodi bolova postaju češći
- Mogu trajati nekoliko nedjelja
- Dok pauze postaju kraće, nekoliko dana.
- Praćeni salivacijom, zažarenošću lica, znojenjem, suzenjem, tahikardijom, hipertenzijom i vrtoglavicom



Dijagnoza glosofaringealne neuralgije

Anamneza

Klinička slika

MRI mozga, MRA

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Faringealni refleks

- Draženje zadnjeg zida ždrijela ili korijena jezika (na svakoj strani posebno), pri čemu dolazi do refleksne kontrakcije faringealne muskulature i nagona na povraćanje.
- Aferentni neuron je n.glossopharyngeus,
- Refleksni centar je u medulli oblongati,
- Eferentni neuron je n.vagus.
- Refleksni luk oštećen ↔ refleks izostaje.



Palatini refleks

- Špatulom se dodiruje uvula ili meko nepce
- meko nepce podiže, uvula retrahira (skvrčava).
- Pri oduzetosti jedne polovine mekog nepca, izrazitije se podiže zdrava polovina.

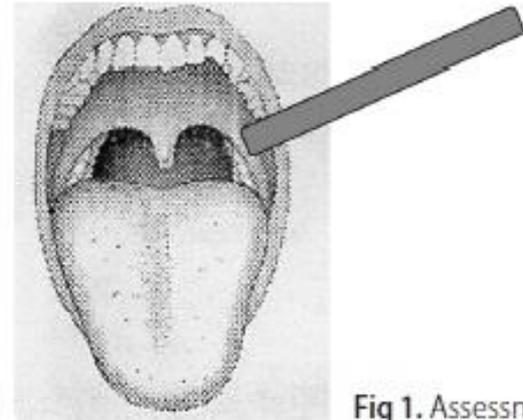
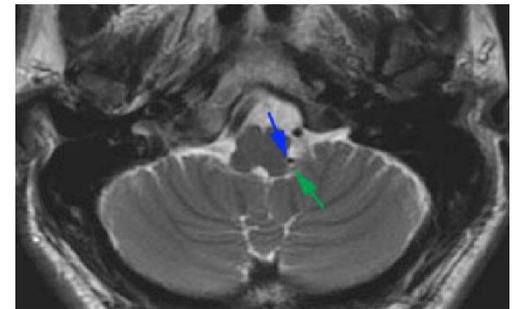
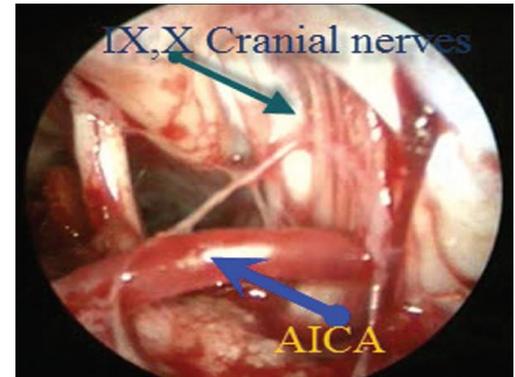
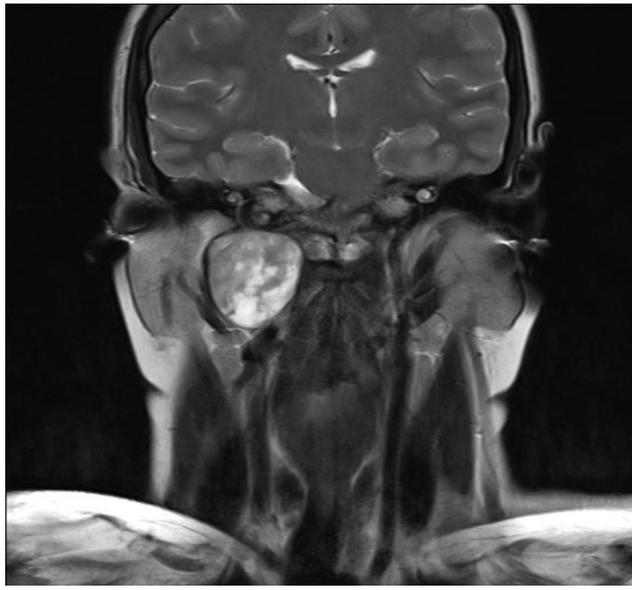
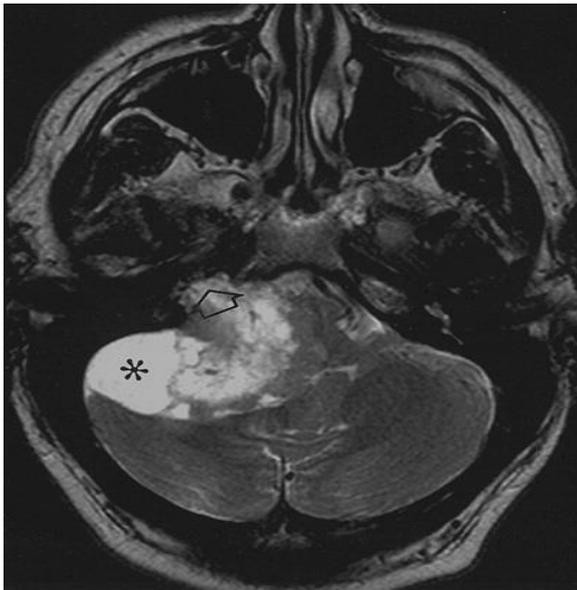


Fig 1. Assessment of palatal reflex.

Dijagnoza glosofaringealne neuralgije

- Primjena površinskih anestetika na predio tonzila i farinksa vrijedno je dijagnostičko sredstvo
- Ako se radi o GN, bol će prestati nakon 1-2h.
- Izdrži probe draženja provokacionih mjesta bez pojave bola.

Dijagnoza glosofaringealne neuralgije

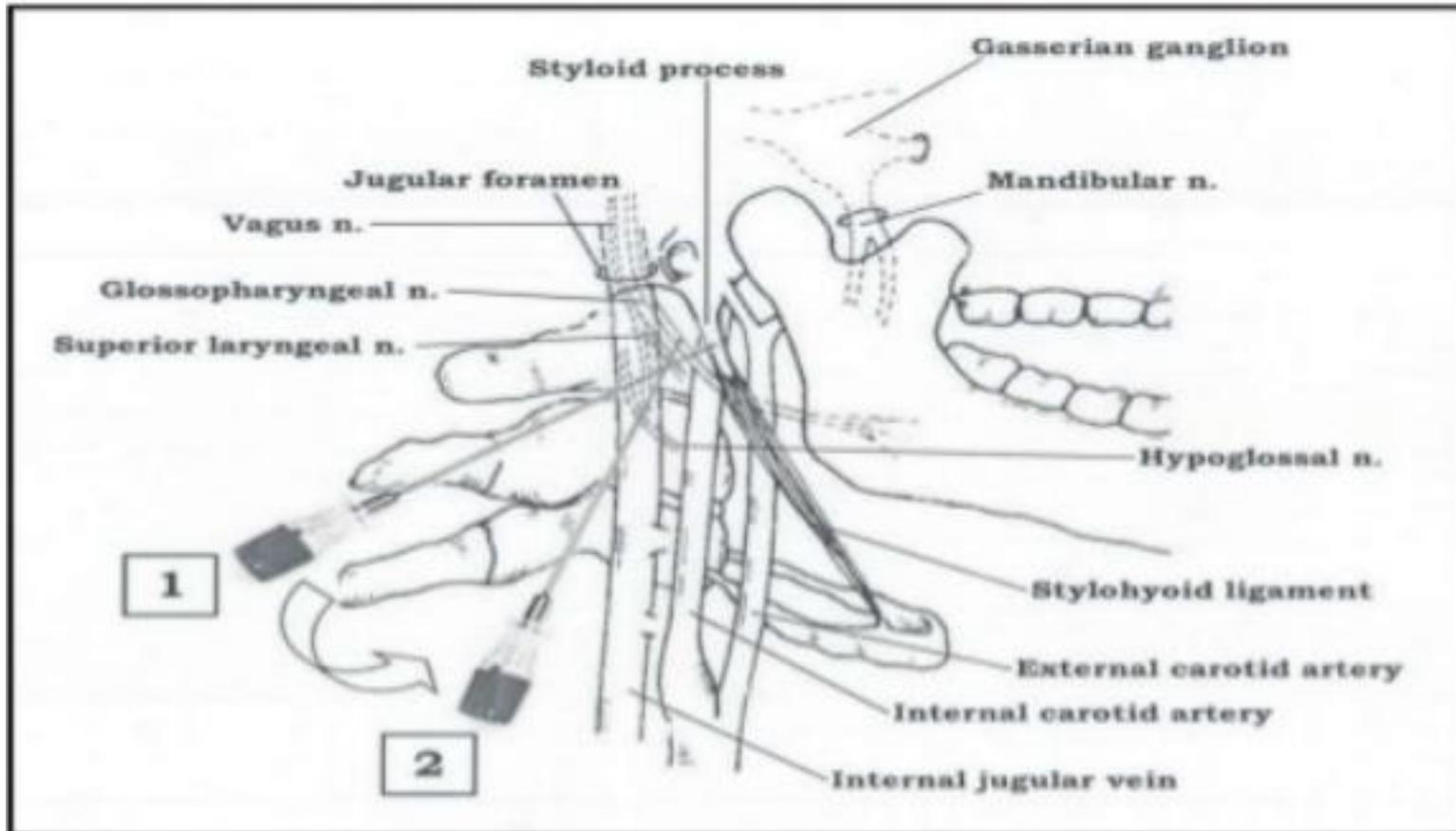


a. Tm pontocerebralnog ugla; b. schwanom IX, c. Aneurizma ACI, d. Vaskularna kompresija

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Terapija glosofaringealne neuralgije

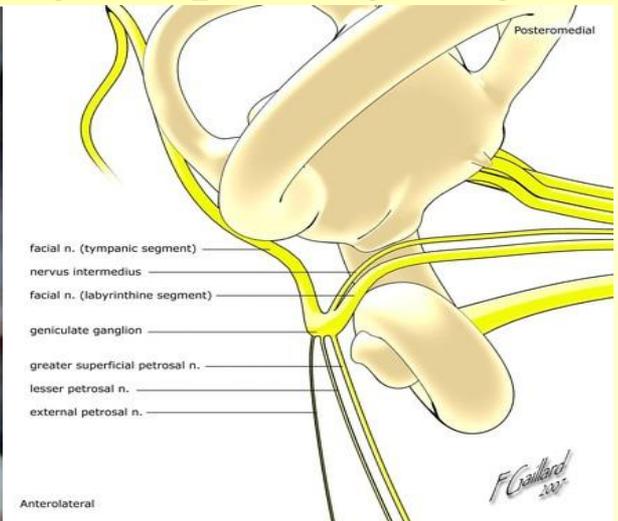
Kao i kod trigeminalne neuralgije – perkutana radiofrekventna termokoagulacija



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Neuralgija intermediusa

- Huntov sindrom, neuralgia facialisa, neuralgia chordae tympani
- Rijetka, zahvata mali senzorni ogranak facijalnog živca
- Paroksizmalan, jakog intenziteta lokaliziran u unutrašnjim strukturama uha i
- Širi se prema parijetookcipitalnom području ili području koje inerviše V



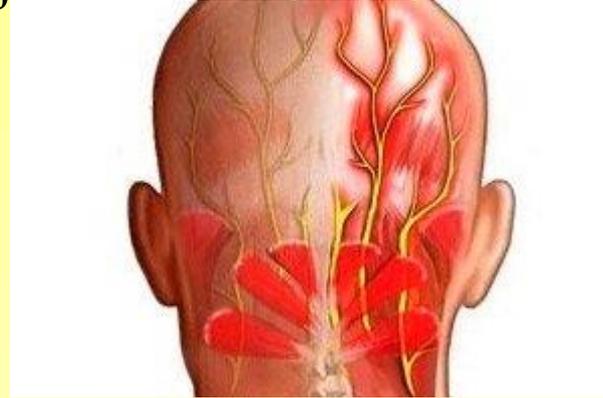
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Neuralgija intermediusa

- Nastaje spontano ili se provocira pritiskom na slušni kanal, gutanjem ili govorom.
- Poremećaji osjeta u ustima, šum u uhu i vrtoglavica tokom nastupa boli
- Anamneze, neurološkog pregleda i neuroradiološke obrade (MRI mozga i MR angiografija).
- Th: antiepileptici
- kirurško liječenje u lokalnoj anesteziji
- presijecanje nervus intermediusa.

Okcipitalna neuralgija

- Jaka, oštra bol u gornjem dijelu vrata i potiljačnom dijelu glave
- Unilateralna (85%)
- Paroksizmalna bol
- Dizestezija ili alodinija u stražnjem dijelu vlasišta
- Žarenje i probadanje i traju od nekoliko sek do 1 minute, a između tupa bol



Okcipitalna neuralgija

1. Patološki procesi cervikalnih korijenova C2-C4 i malih okcipitalnih živaca:
upala, trauma, kompresije ekspanzivnom tvorbom
2. Nepoznati uzroci (češća)
 - Provocirajući faktori: umivanje, češljanje, hladnoća, emocionalna napetost

Okcipitalna neuralgija

- Simptomatsko ili etiološko (sekundarne)
- Primjena anestetičkog bloka u veći ili manji okcipitalni živac u komb s injekcijom kortikosteroida
- Konzervativne intervencije: tople/hladne kompresije, masaža, vježbe usmjerene na poboljšanje držanja
- Djelotvorni nesteroidni protuupalni lijekovi, mišićni relaksanti, triciklički antidepresivi, antiepileptici (gabapentin)

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