



Figure. Drawing of tooth anatomy and radiograph shows periapical radiolucency in tooth 14, indicative of an irreversible pulpitis.

Tic douloureux or “tic dentaire”

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Patients with trigeminal neuralgia often present to a neurologist after undergoing ineffective dental procedures.¹ The converse occurs as well. A 50-year-old woman had been seen by a dentist and was referred to a neurologist for further management of tri-

geminal neuralgia. She presented with a 1-year history of intermittent, lancinating pain in her upper left jaw, precipitated by cold liquids and chewing, and lasting in bouts of up to 1 hour. She was referred for evaluation of trigeminal neuralgia. Tapping a left-upper molar, however, precipitated her pain, and radiographs were diagnostic (figure). Following a root canal procedure, her symptoms abated entirely. Thus, inspection and tapping of teeth, with radiographs if indicated, should be a routine part of the evaluation of trigeminal neuralgia.²

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Neurology[®]

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Neurology 2004;62;333

DOI 10.1212/01.WNL.0000096165.17801.46

This information is current as of January 26, 2004

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