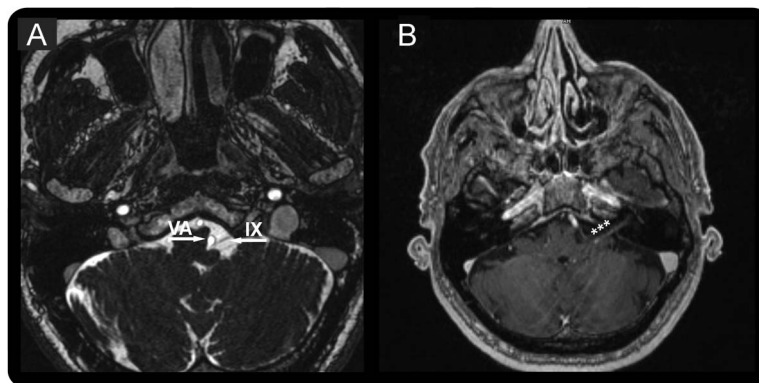


Glossopharyngeal nerve contrast enhancement in recent-onset glossopharyngeal neuralgia

Figure MRI findings in a patient with recent-onset glossopharyngeal neuralgia



(A) T2-weighted and (B) T1-weighted contrast-enhanced images of the neurovascular conflict between the left glossopharyngeal nerve (IX) and the vertebral artery (VA). The VA, lying on the medulla, compressed the proximal portion of the glossopharyngeal nerve. The nerve showed a homogeneous enhancement (***) after gadolinium.

A 65-year-old man presented with a 2-month history of paroxysmal, stabbing pain at the base of the tongue and the left tonsillar fossa, triggered by swallowing and yawning. The remaining clinical and neurologic examinations were unremarkable. We diagnosed glossopharyngeal neuralgia and prescribed oxcarbazepine 300 mg 3 times a day that consistently relieved pain.¹ Cerebral MRI showed juxtaposition of the left glossopharyngeal nerve and the vertebral artery, with abnormal glossopharyngeal nerve contrast enhancement (figure). The abnormal glossopharyngeal nerve contrast enhancement suggests inflammatory changes, possibly induced by irritation secondary to arterial pulsations on the nerve.

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1. Luef G, Poewe W. Oxcarbazepine in glossopharyngeal neuralgia: clinical response and effect on serum lipids. *Neurology* 2004; 63:2447–2448.

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