

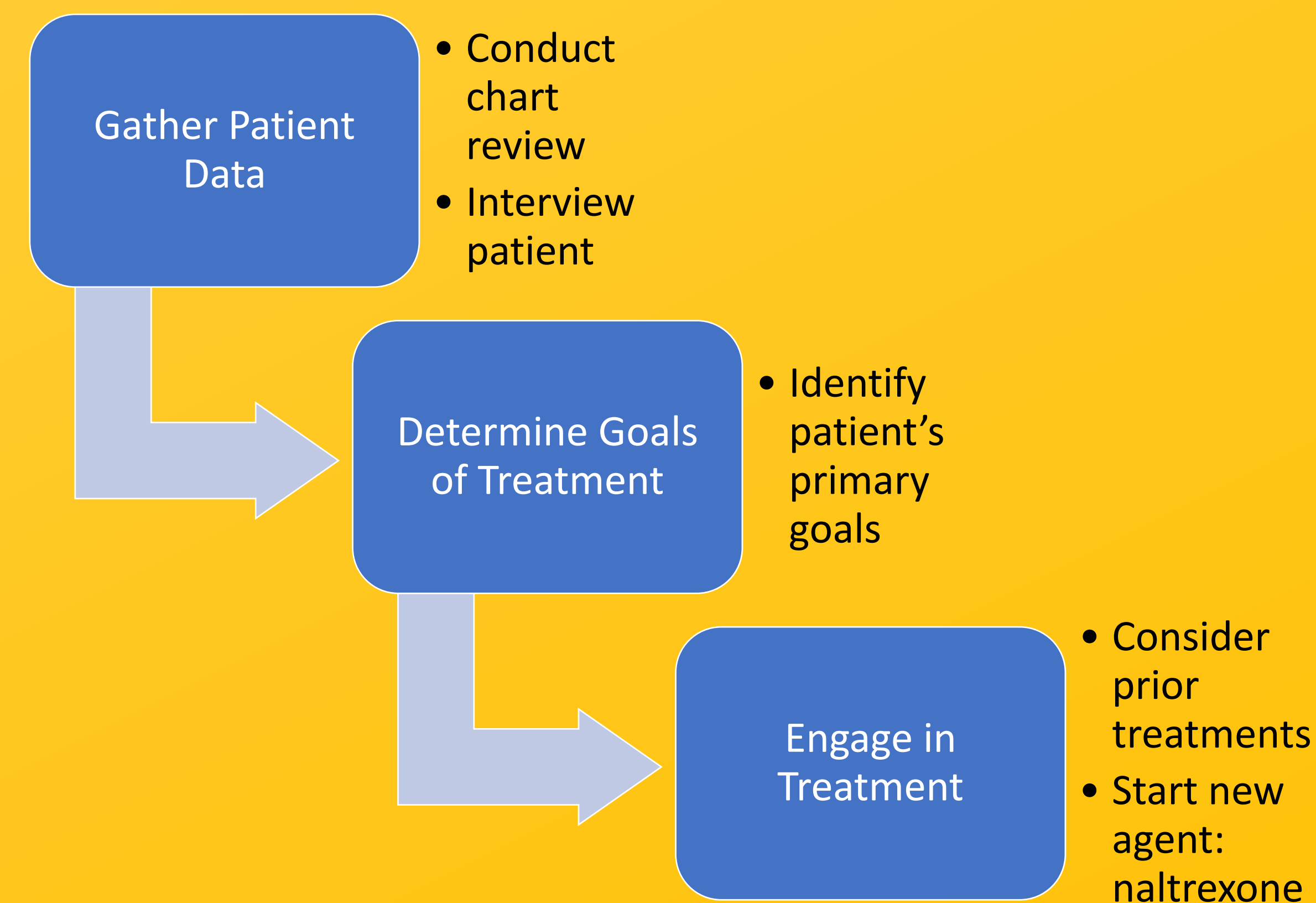
Low-Dose Naltrexone in a Case of Refractory Trigeminal Neuralgia

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Introduction

Trigeminal neuralgia (TN) is a neuropathic pain syndrome characterized by intermittent episodes of severe burning or stabbing pain along the distribution of the trigeminal nerve. A variety of medications and procedures are traditionally employed in the treatment of trigeminal neuralgia. Low-dose naltrexone (LDN) has been shown to modulate glial cell activity which has been helpful as an adjuvant agent in the management of this and other difficult-to-treat conditions. Note that this is an off-label use of this medication.

Methods



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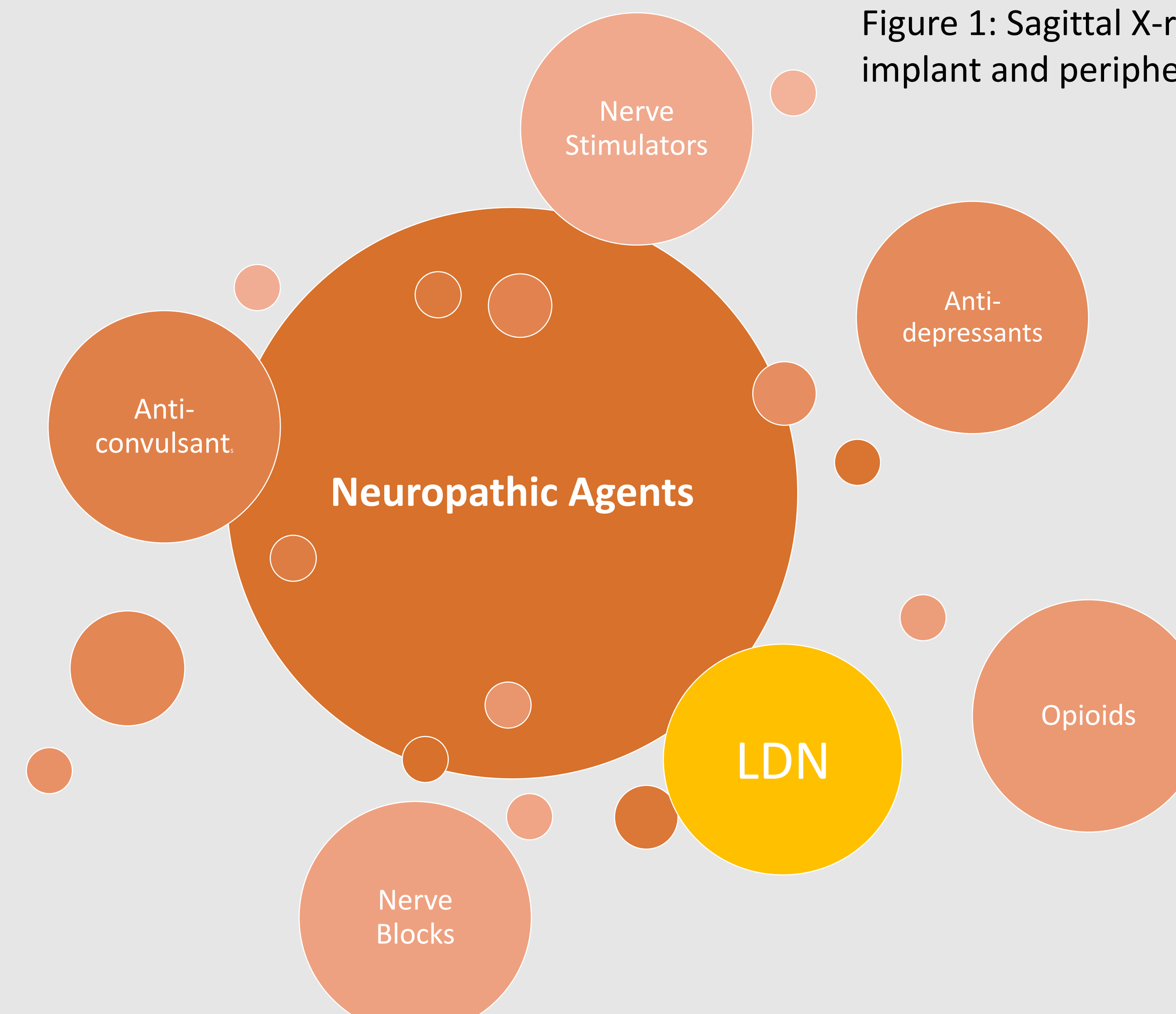
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Low-dose
naltrexone
could be the
newest
family
member of
neuropathic
agents



Figure 1: Sagittal X-ray of patient, showing tooth implant and peripheral nerve stimulator



Conclusion/Discussion

The present case represents an example of refractory trigeminal neuralgia, likely secondary to tooth implantation. The patient had an incomplete response to trials of medications in numerous drug classes, including gabapentin, pregabalin, tramadol, topiramate, amitriptyline, carbamazepine, topical CBD oil, as well as a suite of procedures including botulinum toxin injections, nerve blocks, corticosteroid injections, sphenopalatine ganglion blocks, gamma knife radiosurgery, trigeminal nerve peripheral stimulator (Figure 1) and two microvascular decompressions. While in concert these interventions provided partial relief, ultimately the patient required opioid medications due to continued pain which was at times debilitating. Due to the extensive nature of the modalities trialed and the patient's desire to decrease opioid analgesics, the patient was started on naltrexone as an additional agent. Our clinic has utilized LDN successfully, and this is an example of an appropriate candidate. Response is being monitored with continued adjunct interventions.

References

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