

Microvascular Decompression and Nervus Intermedius Sectioning for the Treatment of Geniculate Neuralgia

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Abstract

Objectives Demonstrate the surgical treatment of geniculate neuralgia via microvascular decompression and nervus intermedius sectioning.

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Designs Single case-based operative video.

Setting Tertiary center with dedicated skull base team.

Participants The patient is a 62-year-old female with a history of deep right-sided otalgia consistent with geniculate neuralgia. She failed appropriate medical treatment. Her magnetic resonance imaging (MRI) showed an ectatic vertebrobasilar system as well as an anterior inferior cerebellar artery (AICA) loop causing compression of the VII/ VIII nerve complex in the cerebellopontine angle.

Keywords

- geniculate neuralgia
- microvascular decompression
- ► nervus intermedius
- retrosigmoid craniotomy
- ► ear pain
- ► otalgia
- nerve sectioning

Main Outcome Measures Resolution of right-sided otalgia.

Results The patient underwent retrosigmoid craniotomy with microvascular decompression of the VII/VIII nerve complex and nervus intermedius sectioning. Intraoperatively, the patient was noted to have an ectatic vertebral artery and AICA that were compressing the root entry zone of the VII/VIII nerve complex. Microvascular decompression was performed of both the vertebral artery and AICA with Teflon. The nervus intermedius was sharply sectioned. The patient's postoperative course was uneventful with no complications. She continues to have resolution of her right sided otalgia at 6 months postoperatively.

ng The link to the video can be found at: https://youtu.be/uRb_QfrINSk.

Conflict of Interest None.



www.thieme.com/skullbasevideos

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Fig. 1 Preoperative axial T2 FIESTA MRI showing vascular compression of the right VII/VIII nerve complex by an ectatic vertebral artery and AICA. AICA, anterior inferior cerebellar artery; FIESTA, fast imaging employing steady-state acquisition; MRI, magnetic resonance imaging.