



<https://www.revistaneurocirugia.com>

C0508 - A NOVEL TECHNIQUE OF NERVE WRAPPING IN MICROVASCULAR DECOMPRESSION OF THE TRIGEMINAL NERVE; OUR EXPERIENCE OF 100 CASES

A. Zafar and D. Bhattacharyya

Royal Hallamshire Hospital, Sheffield, United Kingdom.

Resumen

Objectives: Trigeminal neuralgia is one of the most disabling and painful condition that a patient can suffer from. There are various ways to manage this condition, however without a doubt, the maximum chances of a long term cure are with microvascular decompression (MVD). There is considerable debate, not only about the aetio-pathogenesis of this condition, but also the surgical technique used by various surgeons in the medical literature. The cerebellopontine angle cistern is a crowded space and it is often difficult to decompress the nerve without the construct coming into contact with the nerve. We note that results from a large series of microvascular decompressions from a renowned neurosurgical centre suggests that the results are significantly worse if a construct is left in contact with the nerve. We report our first hundred consecutive cases using a novel technique of covering the nerve with a TEFLON sheath.

Methods: A standard retrosigmoid approach was undertaken, the nerve freed from any contact with surrounding vessels and a TEFLON sleeve placed around the nerve, enclosing it like a sheath, to ensure the vessels do not return to their original position of compromise. As every case in our series has the nerve in contact with the TEFLON sheath, we were eager to see our surgical results and how we compared.

Results: Of 100 cases, our cure rate 84%. This was defined as the patient being pain free and off all neuropathic medication. 10% of patients reported occasional discomfort requiring low doses of neuropathic analgesia.

Conclusions: Our results support the proposal that a non-compressive technique is not necessary when placing the construct around the nerve. In our series, 100% of patients have a TEFLON sheath covering their nerve which remains in situ and our figures dispute the notion that a non-compression technique is superior to other methods of decompression.