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P-065 - MICROVASCULAR DECOMPRESSION IN PATIENT WITH COEXISTENT HYPERACTIVE AND HYPOACTIVE DYSFUNCTION SECONDARY TO MULTIPLE NERVE COMPRESSION

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Resumen

Introduction: Vascular compression is usually associated with the compression of one nerve but in some cases we can see multiple compression. The most common affection is hyperactive dysfunction causing neuralgia or spasm but in less cases we can find a hypofunction dysfunction. Hypoacusia is the most common manifestation of hypoactive dysfunction syndromes. Cases of combined hyperactive and hypoactive dysfunction syndromes are extremely rare. Microvascular decompression (MVD) of the nerve is the most effective treatment in the hyperactive dysfunction, however, remains unclear in the hypoactive. We present the first case of triple simultaneous hyperactive and hypoactive function treated satisfactorily with MVD.

Case report: A 65-year-old female with a medical history of hypothyroidism, dyslipidemia and duodenal ulcus with a 24-years old history of HFS treated with botulinum toxin. TN onset 2yr after and she had failed medical therapy. Brain magnetic resonance imaging with CISS sequence demonstrated microvascular conflict of the trigeminal nerve in the REZ by the right cerebellar superior artery and facial/vestibulocochlear nerve by the antero-inferior cerebellar artery (AICA) outsite the internal auditory canal. We proposed MVD and she agreed. In the postoperative course, the patient reported complete resolution of the TN and improvement of HFS and hypocausia. An MRI postoperative shows correct decompression without complications. She remained in the same neurological situation for 12-mo follow up visits.

Discussion: To our knowledge, this is the first reported case of triple simultaneous/synchronous compression causing a mixed syndrome of hypo and hyperactive dysfunction treated with microvascular decompression with resolution of the affection.