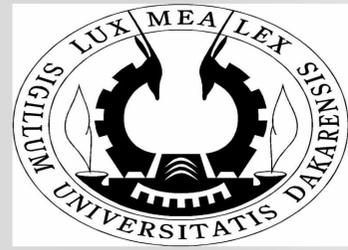




Clinical, therapeutic aspects of trigeminal neuralgia and quality of life in Dakar hospitals



MBODJI Ahmadou Bamba, SECK L.B, MBACKE(a) S.S., MBAYE K. A.(a), DIAGNE R. (a), GAYE N.M.(a), DIOP-SENE M.S., FAYE A. B., SOW A.D., NDIAYE M.(a), DIOP A.G.

Ibrahima Pierre Ndiaye neurosciences clinic

Contact: mbodjahmadoubamba@yahoo.fr

INTRODUCTION

Trigeminal neuralgia (TN) is a condition characterised by unilateral, recurrent pain, similar to brief electric shocks, with an abrupt onset and termination. The pain is limited to the territory of one or more branches of the trigeminal nerve and is triggered by normally painless stimuli. Its incidence is 5 new cases per year per 100,000 inhabitants. Its diagnosis is essentially clinical. Different forms have been described: the classic form, the idiopathic form and the symptomatic form. The advent of MRI has made it possible to improve etiological research. It is an underdiagnosed condition and studies of it are rare in sub-Saharan Africa. It can be very disabling and alter the quality of life of patients.

OBJECTIVE:

- To describe the clinical and therapeutic aspects of trigeminal neuralgia in Dakar hospitals (Fann National University Hospital and Pikine Hospital)
- To describe the quality of life of patients living with trigeminal neuralgia

PATIENTS AND METHODS

- This was a descriptive cross-sectional study from 1er January 2019 to 31 July 2021.
- Patients over 18 years of age who met the diagnostic criteria for trigeminal neuralgia according to the ICHD-3 and who were followed up in a hospital in Dakar.

METHODOLOGY

The data from the interview and examination were collected on a pre-established data sheet. After the interview, a complete neurological examination was carried.

The classifications and scores used were:

- Numerical pain evaluation scale,
- Simple verbal scale (EVS),
- Short version of the BPI (Brief Pain Inventory),
- Barrow Neurological Institute (BNI) pain intensity scale was carried out 1 month after the start of treatment.

DISCUSSION

- Few studies in sub-Saharan Africa have focused on this condition with a hospital prevalence varying between 3 and 4.3%.
- Compared to the literature the mean age in our study, as in most African series, is relatively young.
- In our study, 50% of patients had to consult at least two health professionals before the diagnosis was made by a neurologist. About 7.7% had recourse to traditional medicine when the proposed medical treatments failed.
- 69.2% of our patients have a pain score of 8/10 (according to the EN). This high intensity is associated with an intensity level of 6.72 according to the BPI. These elements will significantly alter the quality of life of the patients as well as their professional activity (repeated absences from work, with a definite economic impact) and can lead to high levels of anxiety and depression.

Conclusion

Trigeminal neuralgia is a rare condition that can be disabling if not properly managed. It is still not well known, which explains the erratic diagnosis in our regions and the scarcity of publications, especially in sub-Saharan Africa

Table 1: Socio-demographic characteristics of patients in our series

Age	Number	Fréquence %
Less than 30	2	7,7
31 to 40	9	34,6
41 to 50	6	23,1
51 to 60	3	11,5
61 to 70	3	11,5
71 and plus	3	11,5
Gender		
Masculin	8	30,8
Féminin	18	62,2
Background		
HTA	5	19,1
Diabete	1	3,8
Topography		
V1 isolated	3	11,5
V2 isolated	14	53,9
V3 isolated	0	0
V1+V2	3	11,5
V1+V2+V3	5	19,3
V2+V3	1	3,8
Side affected		
Right	15	57,7
Left	11	42,3
Dental extraction		
yes	3	11,5
No	23	88,5
Diagnostic		
NT Classique	23	88,5
NT Secondary	3	11,5

Results

26 patients were enrolled in our study.

The mean age was 47.08 years (range 25-74years).

The sex ratio was 0.44, with 69.2% of the cases being female.

The mean time to diagnosis was 3.55 years (SD 2 years).

Characteristics of pain

The average **pain intensity** according to the numerical scale was **7.90** (SD 1.82). It should be noted that 92% of our patients had **moderate to severe pain** according to the EVS.

Table 2: Pain severity and evolution under

Intensité (EVS)	Number	Frequency
Low	0	0%
Moderate	2	8%
Intense	16	61%
Extremely intense	8	31%
Barrow	Number	Frequency
I	0	0
II	2	7,7
III	22	84,6
IV	2	7,7
V	0	0

Table 3: Therapeutic itinerary of our patients

Health actor (seen before neurologist)	number	Percentage (%)
Dentist	12	46,2
General practitioner	10	38,5
ORL	3	11,5
Tradipratician	2	7,7
Ophthalmologist	2	7,7
Nurse	1	3,8
Number of previous consultations (before neurologists)		
0	1	4%
1	5	19%
2	13	50%
3	6	23%
4	1	4%