

Gasserian ganglion radiofrequency ablation: Introducing sensory threshold instead of clinical paresthesia

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Introduction: Trigeminal neuralgia is considered one of most excruciating painful conditions that humans may suffer from, to the extent that patients took their own life during the attacks of this condition were reported.

Characterized by intense paroxysmal unilateral facial pain, treatment starts usually by medical line, and when medications give insufficient pain relief, or have intolerable side effects, interventional line of treatment is the next step, micro-vascular decompression, glycerol injection, gamma knife, balloon compression, and gasserian ganglion radiofrequency ablation.

Material & Method: Radiofrequency ablation of gasserian ganglion was studied in Erbil city, Kurdistan region of Iraq, a cross-sectional study for 17 of patients during one year, different variations of the affected divisions included, 7 of the cases has had an intervention before and still in pain (gamma knife), and 10 were first time intervention in which Inclusion criteria were any case suffering from trigeminal neuralgia with typical symptoms, diagnosis confirmed with neurologist, no age limit set, Exclusion criteria were : patient unwilling for intervention, patient with impaired coagulation,

Procedure: Involved RF ablation of the affected division of trigeminal ganglion by fluoroscopy guided submental approach with lateral view to confirm depth, final position before RF thermocoagulation confirmed by 50Hz sensory stimulation eliciting concordant pain in area of concern by patients own words, lesion was done multiple times each of 60 seconds, starting from 65°C to 70, then 80°C till voltage required to elicit pain was at least double the voltage required before the lesioning, obtaining numbness was not used as a marker of lesion completion as the traditional method.

Results & Conclusion: Collecting the data of their pain score by visual analogue score VAS numeric representation, the number of cases was 17 cases patients, , all of the patient had significant pain relief statistically significant with a P-value of >0.001

Biography

Bnar Shawki, a specialist anesthesiologist practicing in Erbil city, Kurdistan, Iraq, super-specialized in interventional pain medicine, FIPP certified, Iraqi board of anesthesiology fellow and trainer for post graduate fellowship in anesthesiology, vice-president of the Iraqi Kurdistan society of anesthesiologists, passionate in new methods of pain relief, introduced the minimally invasive spine treatments to Erbil city since 2010, established pain clinic and procedures to deliver this medical service to patients suffering from chronic pain syndromes, cancer pain, and neuropathies, have special interest in Trigeminal neuralgia management along with knee, spine and sympathetically mediated pain conditions.

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