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[Home](#) → [Medical Encyclopedia](#) → Neuralgia

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Neuralgia

Neuralgia is a sharp, shocking pain that follows the path of a nerve and is due to irritation or damage to the nerve.

Common neuralgias include:

- Shingles
- Trigeminal neuralgia

Causes

Causes of neuralgia include:

- Chemical irritation
- Chronic renal insufficiency
- Diabetes
- Infections, such as herpes zoster (shingles), HIV, Lyme disease, and syphilis
- Medications such as cisplatin, paclitaxel, or vincristine
- Porphyria
- Pressure on nerves by nearby bones, ligaments, blood vessels, or tumors
- Trauma (including surgery)

In many cases, the cause is unknown.

Postherpetic neuralgia and trigeminal neuralgia are the two most common forms of neuralgia. A related but less common neuralgia affects the glossopharyngeal nerve, which provides feeling to the throat.

Neuralgia is more common in elderly people, but it may occur at any age.

Symptoms

- Increased sensitivity of the skin along the path of the damaged nerve, so that any touch or pressure is felt as pain
- Pain along the path of the nerve that is sharp or stabbing, in the same location each episode, comes and goes (intermittent) or is constant and burning, and may get worse when the area is moved
- Weakness or complete paralysis of muscles supplied by the same nerve

Exams and Tests

Your doctor or nurse will examine you and ask questions about your medical history and symptoms, including:

- When did the pain start?
- Did you injure yourself recently?
- Have you had any health changes?

The exam may show:

- Abnormal sensation in the skin
- Reflex problems
- Loss of muscle mass
- Lack of sweating (sweating is controlled by nerves)
- Tenderness along a nerve, often in the lower face and jaw and rarely in the temple and forehead
- Trigger points (areas where even a slight touch triggers pain)

You may also need to see a dentist if the pain is in your face or jaw. A dental exam can rule out dental disorders that may cause facial pain (such as a tooth abscess).

Other symptoms (such as redness or swelling) may help rule out conditions such as infections, bone fractures, or rheumatoid arthritis.

There are no specific tests for neuralgia, but the following tests may be done to find the cause of the pain:

- Blood tests to check blood sugar, kidney function, and other possible causes of neuralgia
- Magnetic resonance imaging (MRI)
- Nerve conduction study with electromyography

- Ultrasound
- Spinal tap (lumbar puncture)

Treatment

Your doctor will:

- Discuss ways to reverse or control the cause of the nerve problem (if found)
- Recommend pain medicines

Treatment varies depending on many things, including the cause, location, and severity of the pain.

Strict control of blood sugar may speed recovery in people with diabetes who develop neuralgia.

Medications to control pain may include:

- Antidepressant medications (amitriptyline, nortriptyline, or duloxetine)
- Antiseizure medications (carbamazepine, gabapentin, lamotrigine, phenytoin, or pregabalin)
- Over-the-counter pain medicines (aspirin, acetaminophen, or ibuprofen)
- Narcotic analgesics (hydrocodone) for short-term relief of severe pain (however, these do not always work well)
- Lidocaine patch
- Skin creams containing capsaicin or lidocaine

Other treatments may include:

- Shots with pain-relieving (anesthetic) drugs
- Nerve blocks
- Physical therapy (may be needed for some types of neuralgia, especially postherpetic neuralgia)
- Procedures to reduce feeling in the nerve (such as nerve ablation using radiofrequency, heat, balloon compression, or injection of chemicals)
- Surgery to take pressure off a nerve
- Alternative therapy, such as acupuncture or biofeedback

Unfortunately, procedures may not improve symptoms and can cause loss of feeling or abnormal sensations.

When other treatment methods fail, doctors may try nerve or spinal cord stimulation, or more rarely a

procedure called motor cortex stimulation (MCS). An electrode is placed over part of nerve, spinal cord, or brain and is hooked to a pulse generator under the skin. This changes how your nerves signal and it may reduce pain.

Outlook (Prognosis)

Most neuralgias are not life threatening and are not signs of other life-threatening disorders. However, pain can be severe. For severe pain that does not improve, see a pain specialist so that you can explore all treatment options.

Most neuralgias will respond to treatment. Attacks of pain usually come and go. However, attacks may become more frequent in some patients as they get older.

Sometimes, the condition may improve on its own or disappear with time, even when the cause is not found.

Possible Complications

- Complications of surgery
- Disability caused by pain
- Side effects of medications used to control pain
- Unnecessary dental procedures before neuralgia is diagnosed

When to Contact a Medical Professional

Contact your health care provider if:

- You develop shingles
- You have symptoms of neuralgia, especially if over-the-counter pain medications do not relieve your pain
- You have severe pain (see a pain specialist)

Prevention

Treating related disorders such as diabetes and renal insufficiency may prevent some neuralgias. Strict control of blood sugar may prevent nerve damage in people with diabetes. In the case of shingles, there is some evidence that antiviral drugs and a herpes zoster virus vaccine can prevent neuralgia.

Alternative Names

Nerve pain; Painful neuropathy; Neuropathic pain

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