Small medullary infarction presenting as painful trigeminal sensory neuropathy

Focal medullary infarction was identified by T2 weighted brain MRI in a 70 year old woman presenting with isolated orofacial pain in the absence of other neurological deficits. The pain and sensory deficit resolved in eight weeks.

Figure 1  Orofacial pain and abnormal sensation over the right side of the face, neck, tongue, and oral cavity.

Figure 2  Axial T2 weighted image, showing a linear hyperintense lesion (arrow) in the right dorsal medulla four weeks after the onset (A), and a shrinkage of the lesion six months later (B).

Figure 3  Anatomical correlation of the infarct (*) with upper medullary structures, where the right spinal trigeminal tract and nucleus are chiefly involved.

Isolated orofacial pain and sensory deficit only rarely results from brain stem vascular lesions, either haemorrhagic or ischaemic,1 2 and focal medullary infarction has never been described presenting as painful trigeminal sensory neuropathy.

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