

Neuritic pains tend to be brief but severe: stabbing, lancinating pains;

**Trigeminal neuralgia:** affects the face, including the jaw and may radiate round to the ear, and affect the front part of the scalp. Pain is very severe, sharp, shooting, 'like an electric shock'.

It is right-sided in 60% of patients and bilateral (both sides) in 3% and is paroxysmal. A period of hyperaesthesia (hypersensitivity to touch) then dull ache may continue after the paroxysm.

Attacks (clusters of paroxysms) may last for days or months.

Intervals between attacks may last for weeks or years.

Associated features include: anxiety, poor oral hygiene (reluctance due to extreme discomfort), weight loss due to difficulty in eating and depression.

Precipitation of attacks: stimulus of a trigger point (usually skin / mucosa of the central face). This may be due to light touch, speaking or eating.

Normal neurological examination. CT and MRI are normal, so diagnosis is on symptoms (history). 'atypical' trigeminal neuralgia may cause a burning pain deep in the face.

**Geniculate neuralgia :** causes pain deep within the ear may be described as 'an ice pick in the ear.'

Triggers may include exposure to cold wind, touching the face, chewing, swallowing, talking, eating ice-cream.

Both may result from herpes zoster (shingles)

Burning mouth syndrome may also occur in arachnoiditis patients,

Other types include superior laryngeal neuralgia, glossopharyngeal neuralgia (throat) or occipital neuralgia (back of the head).

Odontalgia (tooth pain) is another fairly common phenomenon, and many arachnoiditis patients need to seek frequent dental attention yet no dental source for the pain can be found.

(Note that any dental problems which do occur may be related to dry mouth due to medication, which may cause increased tooth decay due to loss of the protective saliva; also osteoporosis may lead to receding gums)

Temperomandibular joint (TMJ) dysfunction is quite common (clicking jaw) and could be due to nocturnal bruxism (teeth grinding) as a result of pain experienced even whilst asleep.

Low blood sugar: chronic stress and constant pain may cause increases or fluctuations in circulating levels in hormones such as adrenaline, cortisol and insulin.

The latter may result in fluctuating blood sugar levels. Low levels may induce headache associated with anxiety, sweating, pallor and sometimes aggression or agitation or feeling faint.

Eating a high sugar meal may result in onset of symptoms 3-4 hours later as the body may overcompensate for the rapid increase in blood sugar by releasing high levels of insulin which

then cause what is termed &quot;rebound hypoglycaemia&quot;; a low blood sugar.

The shaky feeling and other symptoms would resolve quickly on eating food, especially if it is high in sugar.

**STRESS** headaches: this does not imply that the headaches are any less valid or real in the distress they cause.

However, chronic stress is a common problem in people with chronic illness and also in those who care for them. Largely, stress headaches tend to be of the tension type, literally due to muscular tension, but as we have seen in the above descriptions, stress can be a trigger for various kinds of headaches including migraines.