

# NYERI KEPALA



**YUDY GOYSAL**

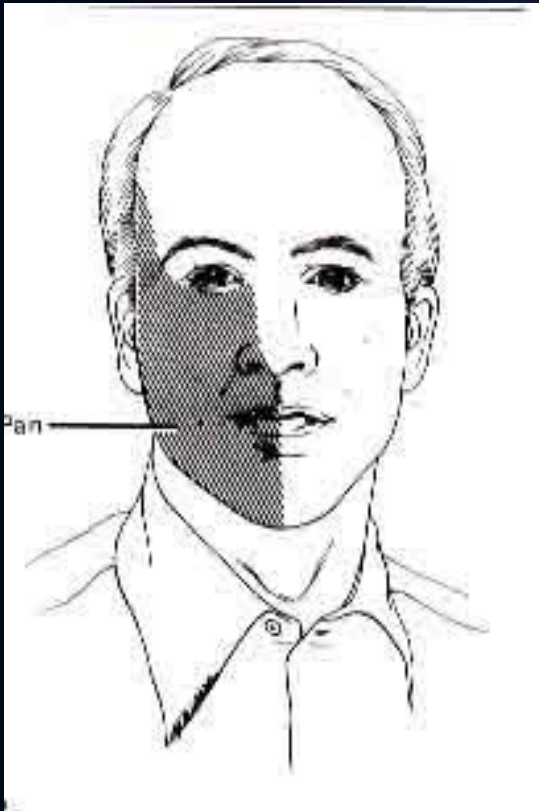
**BAGIAN NEUROLOGI**

**FAKULTAS KEDOKTERAN UNIVERSITAS HASANUDDIN**

**MAKASSAR**

# NEURALGIA TRIGEMINUS

## DEFINISI :



Serangan nyeri facial yang khas N.V, baik mengenai satu cabang atau lebih, paroksismal berupa rasa nyeri tajam seperti ditusuk atau disetrum listrik, berlangsung beberapa detik, jarang lebih dari 20 - 30 detik, diikuti masa penyembuhan beberapa detik sampai 2 menit dan diikuti serangan berikutnya, sering disertai lakrimasi dan kontraksi otot-otot, diluar serangan sama sekali tidak dirasakan nyeri tersebut (Rose,CF. 1997)

## **PENYEBAB :**

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### **1. TIPE IDIOPATIK :**

- **KOMPRESI PEMBULUH DARAH**
- **TANDA KELAINAN NEUROLOGI (-)**

### **2. TIPE SIMTOMATIK :**

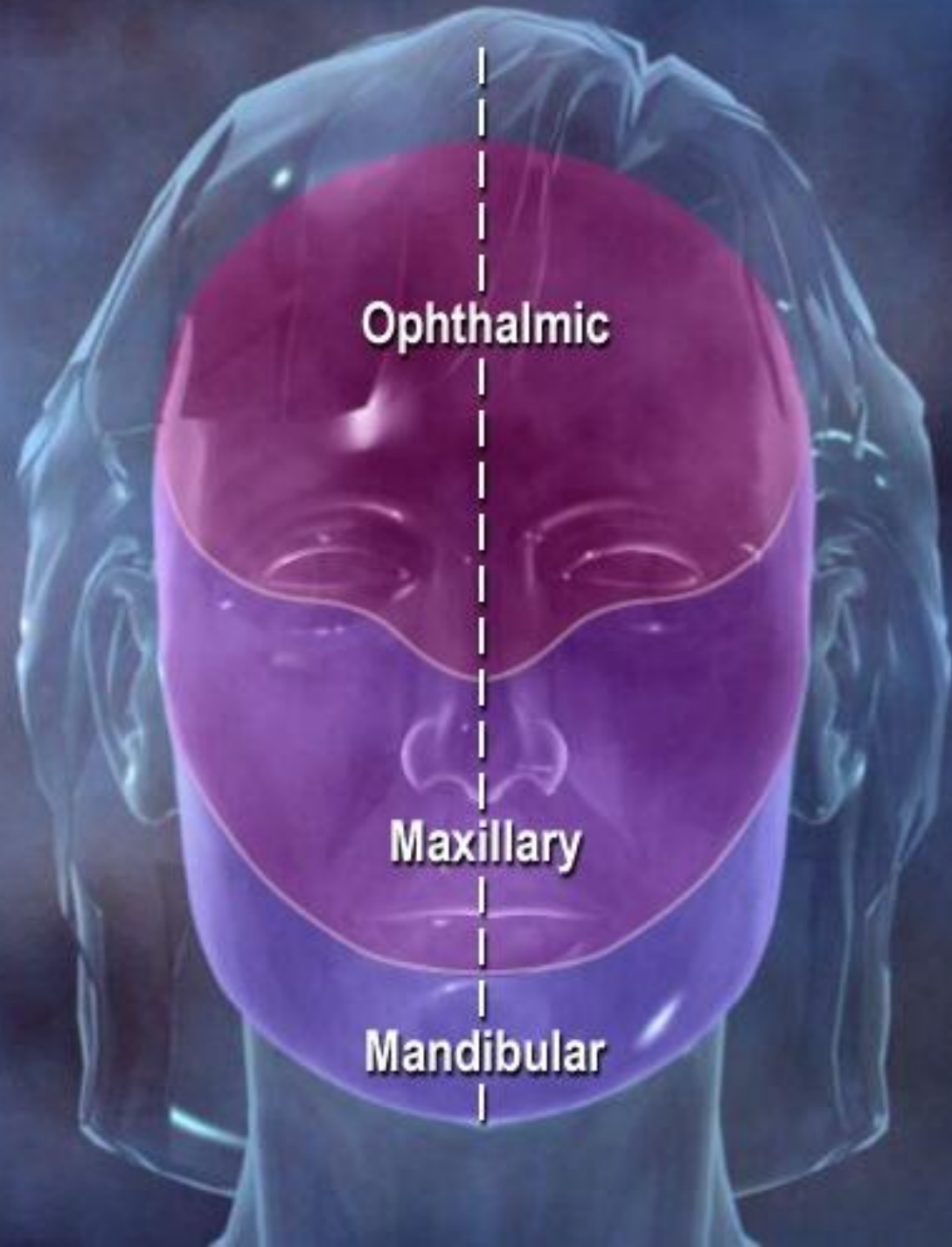
- **TANDA KELAINAN NEUROLOGIS (+)**
- **PENYEBAB :**

**TUMOR SUDUT SEREBELOPONTIN, TUMOR N.V,  
MALFORMASI VASCULAR, M. SKLEROSIS, DLL**

## GAMBARAN KLINIK

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<b>KARAKTER NYERI</b>	: TAJAM, MENUSUK SEPERTI KILAT / SETRUM LISTRIK
<b>LOKASI</b>	: DISTRIBUSI N.V, TERSERING V2 DIKUTI V3
<b>PENYEBARAN</b>	: AREA N.V, UNILATERAL (97%)
<b>PERIODISITAS</b>	: PAROKSISMAL
<b>DURASI SERANGAN</b>	: < 20-30 DTK, PERIODE SEMBUH DTK- 2 MENIT
<b>TINGKATAN SAKIT</b>	: SANGAT SAKIT
<b>FAKTOR PROVOKATOR</b>	: RABA RINGAN, MENGUNYAH, MENGGIGIT,
<b>TRIGGER ZONES</b>	: HIDUNG DAN MULUT
<b>FAKTOR MENGURANGI</b>	: OBAT ANTI KONVULSAN, ANESTESI LOKAL



Ophthalmic

Maxillary

Mandibular

## **DIAGNOSA BANDING**

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- **POST HERPETIC NEURALGIA**
- **CLUSTER HEADACHE, MIGRAIN**
- **GLOSSOPHARYNGEAL NEURALGIA**
- **KELAINAN TEMPOROMANDIBULAR (COSTEN'S SYNDROM)**
- **SINUSITIS**
- **GIANT CELL ARTERITIS**
- **ATYPICAL FACIAL PAIN**

# PENGOBATAN

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## 1. MEDIKAMENTOSA :

- **OBAT ANTI EPILEPSI :**  
KARBAMASEPIN (DRUG OF CHOICE), PHENYTOIN,  
KLONASEPAM, ASAM VALPROAT, LAMOTRIGINE.
- **MUSCLE RELAXANT : BACLOFEN**

## 2. NON MEDIKAMENTOSA

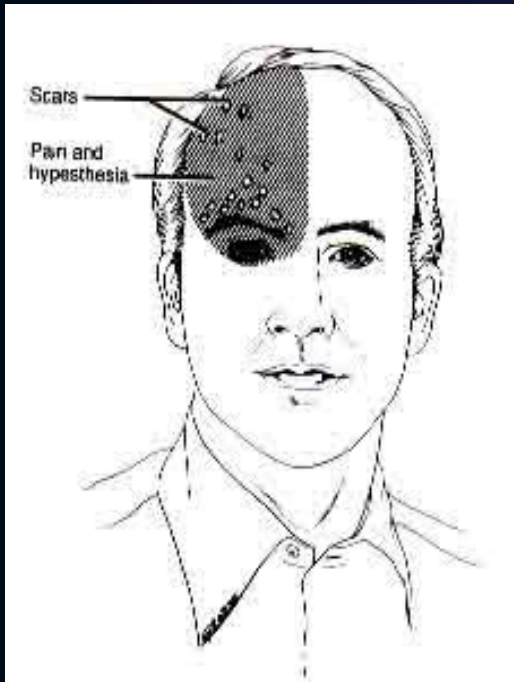
- **AKUPUNTUR**
- **PEMBEDAHAN :** gamma knife radiosurgery,  
microvasculer decompresi

# NEURALGIA GLOSSOPHARYNGEAL

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1. SAKIT YANG HEBAT, TAJAM SEPerti KILAT
2. UNILATERAL PADA **DISTRIBUSI N.IX**  
(OROPHARYNGS, TONSIL, LIDAH, MEATUS AUDITORIUS)
3. PAROKSISMAL, SERANGAN DALAM BENTUK KELOMPOK
4. DIPROVOKASI OLEH RABA RINGAN, MENELAN, BERBICARA
5. DISEMBUHKAN OLEH ANTI KONVULSAN
6. TAK ADA KELAINAN KLINIS

# NEURALGIA POST HERPETIK



1. DIAWALI ERUPSI KULIT VESIKULER SESUAI DISTRIBUSI DERMATOM
2. NYERI BAKAR YANG HEBAT DENGAN EKSASERBASI YANG TAJAM
3. UNILATERAL, BIASANYA AREA N.V CABANG 1
4. KONTINYU
5. DIPROVOKASI OLEH RABA RINGAN
6. BERASSOSIASI DENGAN ALLODYNIA
7. BIASANYA TERDPT GGN SENSORIK, REFLEKS KORNEA
8. DISEMBUHKAN / DIRINGANKAN OLEH ACYCLOVIR, KORTICOSTEROID, ANTIDEPRESANT

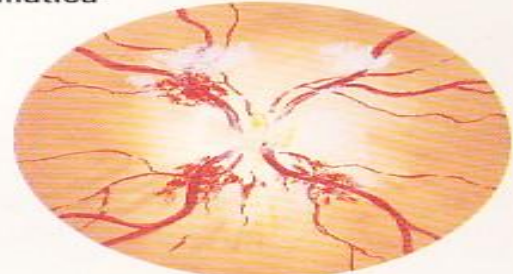
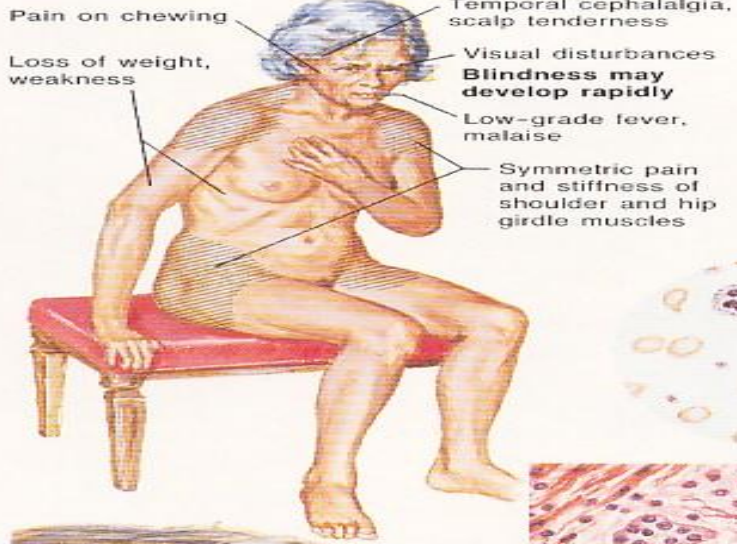
## GIANT CELL ARTERITIS

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- JARANG DIBAWAH UMUR 50 TAHUN
- **INFLAMASI GRANULAMATOUS SUB AKUT ( LIMFOSIT, NEUTROFIL, DAN GIANT CELL)**
- BERHUBUNGAN DENGAN MALAISE, MYALGIA, BB ↓, DEMAM (POLYMYALGIA RHEUMATICA COMPLEX)
- **NYERI HEBAT, BERDENYUT DAN MENYENGAT**
- **UNI ATAU BILATERAL AREA TEMPORALIS**
- INTERMITTEN ATAU KONTINYU
- DIPERBERAT BILA MENGUNYAH
- **MEMBAIK DENGAN STEROID**
- **TAMPAK ARTERI YANG MENEBAL DAN BERKELOK-KELOK**

# GIANT CELL (TEMPORAL) ARTERITIS

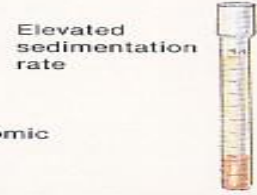
## Giant-Cell (Temporal) Arteritis, Polymyalgia Rheumatica



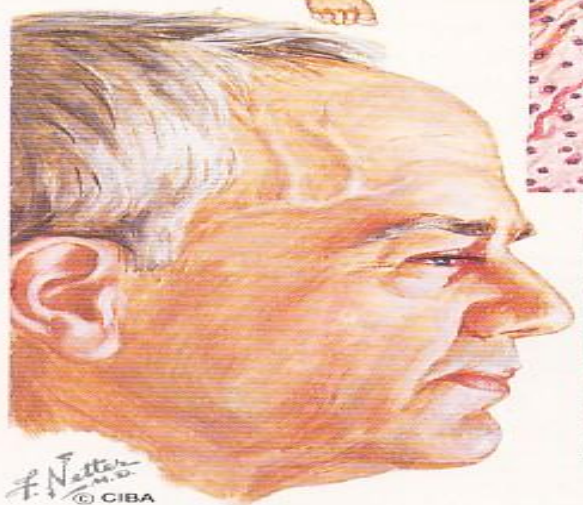
Anterior ischemic optic neuropathy



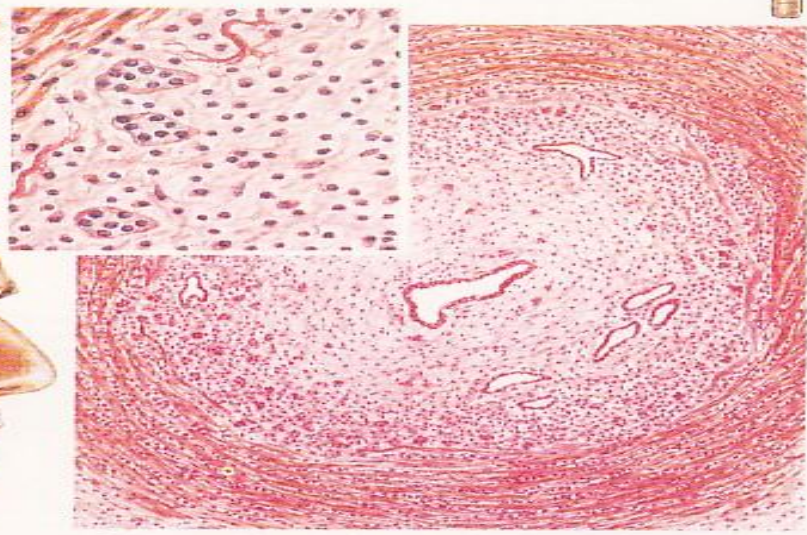
Hypochromic anemia



Elevated sedimentation rate



Rigid, tender, nonpulsating temporal arteries may be visible or palpable



Biopsy specimen of superficial temporal artery: almost total obliteration of lumen with some recanalization. High-power insert shows infiltration with lymphocytes, plasma cells and giant cells; fragmentation of elastica

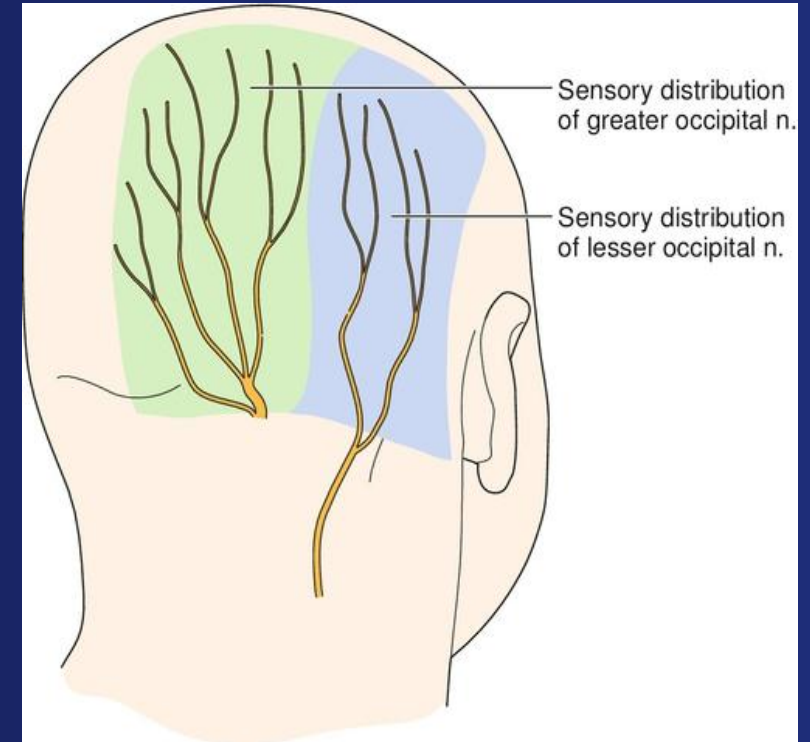
F. Netter M.D.  
© CIBA

## NEURALGIA OCCIPITALIS

- Trauma tumpul pada greater or lesser occipital nerves
- Mikrotrauma repetitif >> : hiperekstensi leher : pelukis, programmer komputer

### Terapi :

- Analgetic/NSAID, Muscle relaxant, TCA , anticonvulsant, fisioterapi
- Blok saraf : C2-C3 (steroid dan anestesi lokal)

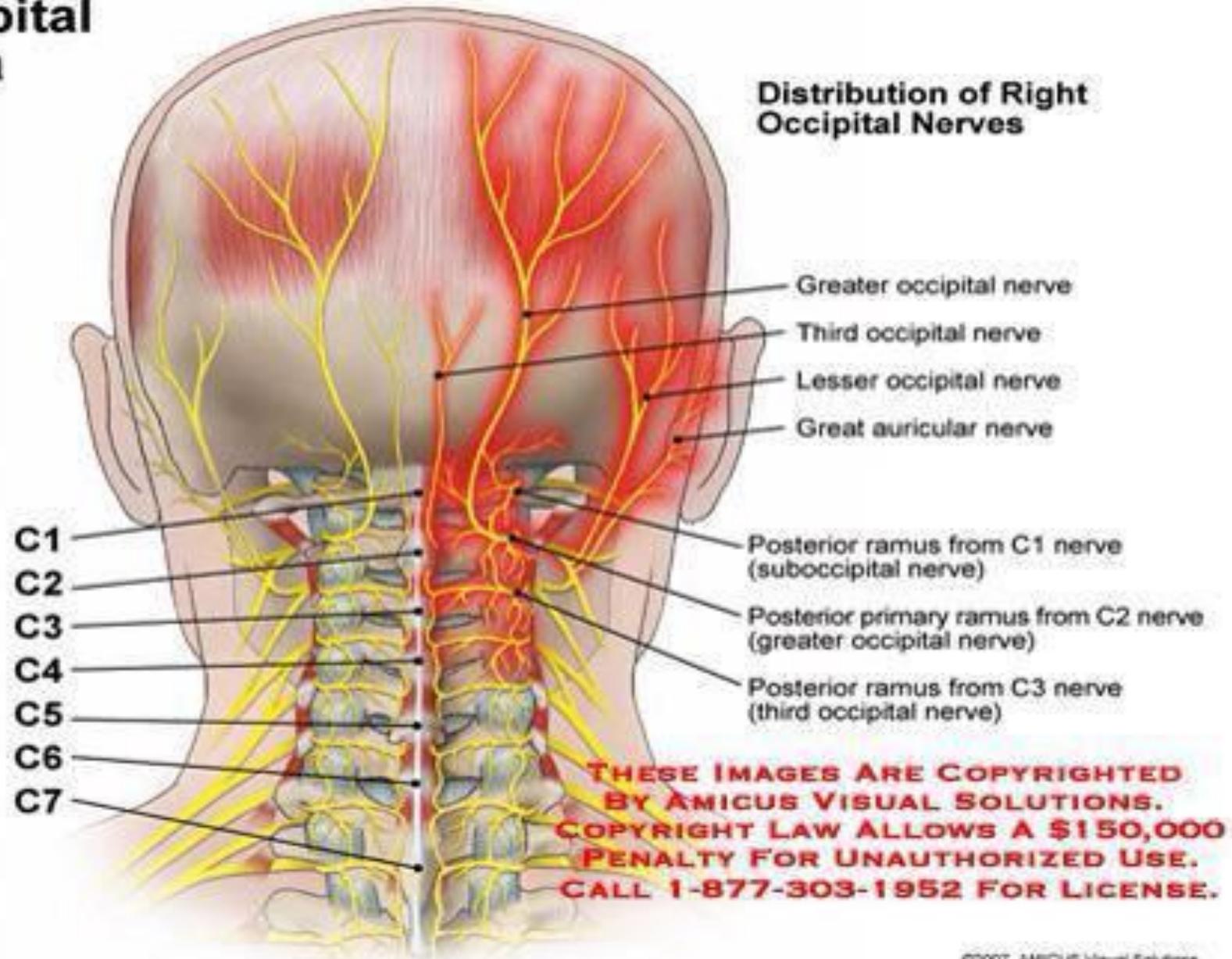


# CLINICAL MANIFESTATION

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- PAIN CHARACTERISTIC** : Shock like paresthesia (neuritic pain), persisten.
- LOCATION** : nervus occipitalis
- RADIATION** : greater and lesser occipital nerve
- PERIODICITY** : Paroksismal
- DURATION OF ATTACK** : -
- INTENSITY OF PAIN** : Sangat nyeri
- PROVOCATOR** : rotasi atau menekuk leher ke lateral.
- TRIGGER ZONES** : Tengkok (base of the skull)

# █'s Occipital Neuralgia



# Temporomandibular Joint Dysfunction

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- Disebut disfungsi myofacial otot mastikasi.
- Diinervasi cabang N. Mandibularis.
- Otot yang terlibat : temporalis, masseter, pterygoid external dan internal, trapezius, serta sternocleidomastoideus.
- Disebabkan maloklusi dental, artritis sendi.
- Limitasi gerakan rahang dan mulut.

# CLINICAL MANIFESTATION

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<b>PAIN CHARACTERISTIC</b>	: Nyeri somatik, bunyi klik.
<b>LOCATION</b>	: temporomandibular joint
<b>RADIATION</b>	: mandibula, telinga, leher, tonsil.
<b>PERIODICITY</b>	: kontinu
<b>DURATION OF ATTACK</b>	: -
<b>INTENSITY OF PAIN</b>	: ringan-sedang
<b>PROVOCATOR</b>	: stress, membuka dan menutup mulut.
<b>TRIGGER ZONES</b>	: meraba otot yang terlibat.

The TM joint is a sliding "ball and socket" joint, whose parts work smoothly when you open and close your mouth.

Muscles surrounding the joint control its position and allow your mouth to open and close.

Your bite is more likely to be stable when the muscles and joints work together properly.

### Inside the TM Joint

The disk is a "shock absorber" that provides gliding action between your lower and upper jaw when you open and close your mouth.

Connective tissue attaches your disk to the back of your joint and contains blood vessels and nerves.

The condyle is the round end ("the ball") of the mandible, which moves in and out of your TM socket (fossa).

Muscles attached directly to the jawbones help control movement and position.

Ligaments hold your disk to the jawbones and condyle, helping to stabilize the joint.

### Temporomandibular joint (TMJ)

Disc

Temporal bone

Mandible

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### TMJ Syndrome

Temporomandibular joint (TMJ)

## ATYPICAL FACIAL PAIN

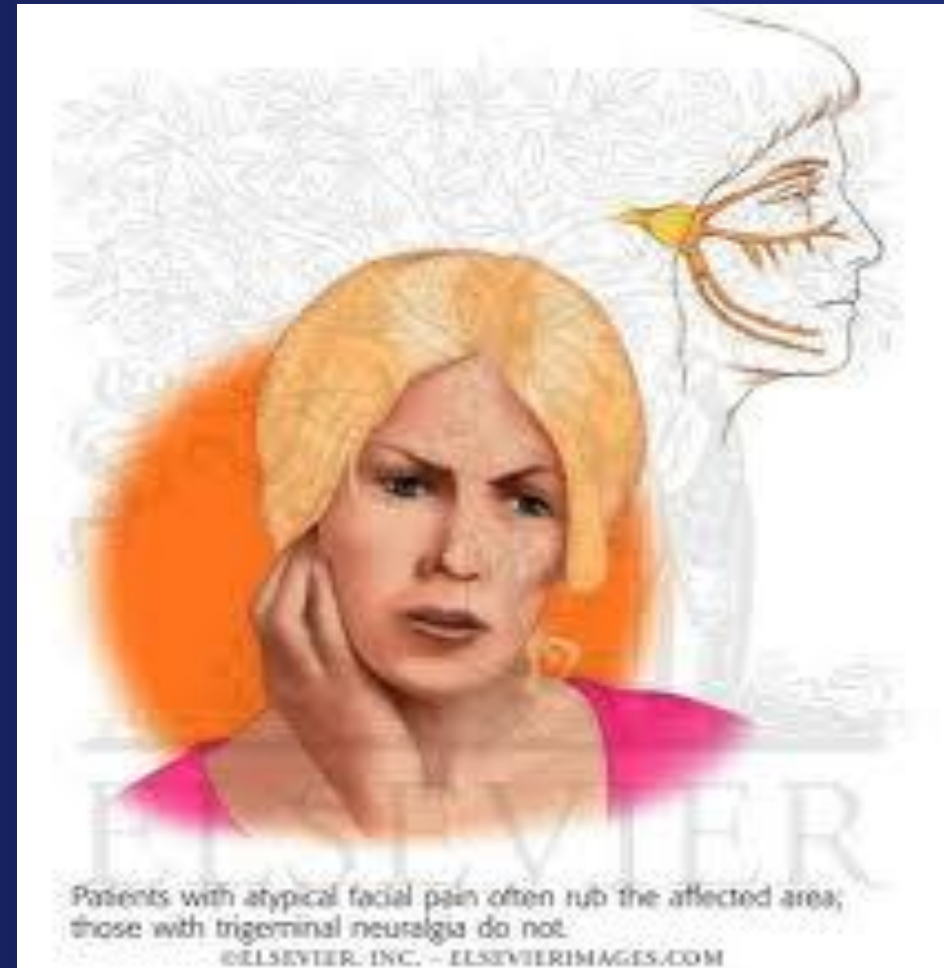
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### GEJALA DAN TANDA KHAS

- NYERI YANG BERVARIASI
- LOKASI BERVARIASI DARI UNILATERAL KE SELURUH WAJAH
- KONTINYU DENGAN EKSASERBASI TAJAM
- DIPROVOKASI OLEH STRESS
- DISEMBUHKAN DENGAN TERAPI YANG TEPAT
- SERINGKALI BERASSOSIASI DENGAN NYERI DITEMPAT LAIN TUBUH

## Nyeri Fasial Atipikal

- Neuralgia fasial atipikal
- Banyak pada perempuan
- Berkaitan dengan stres
- Tidak ada riwayat trauma, infeksi maupun tumor
- Penanganan :
  - Analgetik / TCA
  - Fisioterapi.
  - Mengatasi stres, depresi dan gangguan tidur.
  - Auriculotemporal nerve block



## CLINICAL MANIFESTATION

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- PAIN CHARACTERISTIC** : tebal, gatal, kram, dengan *sharp exacerbation*
- LOCATION** : Pada seluruh wajah, unilateral >>
- RADIATION** : Seluruh wajah, distribusi N. V, divisi tumpang tindih
- PERIODICITY** : kontinu
- DURATION OF ATTACK**: kontinu
- INTENSITY OF PAIN** : bervariasi, ringan-berat
- PROVOCATOR** : stress, depresi, gangguan tidur.
- TRIGGER ZONES** : tidak ada

CURE	Trigeminal Neuralgia	Atypical Facial Pain
Temporal pattern of pain	Sudden and intermittent	Constant
Character of pain	Shocklike and Neuritic	Dull, cramping, aching
Pain-free interval	usual	Rare
Distribution of pain	One division trigeminal nerve	Overlapping divisions of trigeminal nerve
Trigger areas	Present	Absent
Underlying psychopathology	Rare	common

# THANK YOU



*A Happy Family*

