



Temporomandibular Osteoma Mimicking Trigeminal Neuralgia *Trigeminal Nevralji Kliniğini Taklit Eden Temporomandibular Osteom*

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Dear Editor,

A woman aged 74 years was admitted to our outpatient clinic with symptoms of temporomandibular pain on the right half of her face, which she had had for two weeks. The facial pain was severe and thunder-like with sudden onset. This pain became apparent during eating and speaking, lasting about 5-10 seconds and relapsing frequently throughout the day. The patient's neurologic examination was normal. Although there was no causative pathology in laboratory tests performed for differential diagnosis, an oval, well-circumscribed, radiopaque lesion in continuation with the bone cortex was observed in the right temporomandibular region on cranial computed tomography. This lesion was characteristically consistent with solid osteoma (Figure 1) (1).

The surgical option for osteomas is necessary when the mass reaches large dimensions and leads to esthetic and functional impairment. Surgical treatment was not considered because the present lesion did not meet either of these criteria (2). First, the patient had daily 1000 mg acetylsalicylic acid treatment for about seven days. Although the severity of pain was reduced, it could not be controlled. Low-dose pregabalin therapy was initiated. A daily 25 mg pregabalin dosage was gradually increased to 75 mg. Following regular treatment for three weeks, we tried to reduce and discontinue the pregabalin treatment. The patient reported

pain only at night and the pain completely resolved with daily 25 mg pregabalin she received in the evening.

The triggering of pain by movements such as chewing, stretching, and speaking could be explained by the lesion being in close proximity to the temporomandibular joint. The patient's clinical status imitated trigeminal neuralgia because the lesion-induced pain had neuralgiform nature, was seen especially during nights, and the lesion was in the sensory area of the third branch of the trigeminal nerve (1,2,3).

The diagnosis of trigeminal neuralgia should be based on strict clinical criteria. Using the necessary imaging methods, this condition should be distinguished from other facial and cephalic neuralgias, and other forms of pain related to the jaw, teeth, or sinus diseases (3,4).

Ethics

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Peer-review: Internally peer-reviewed.

Authorship Contributions

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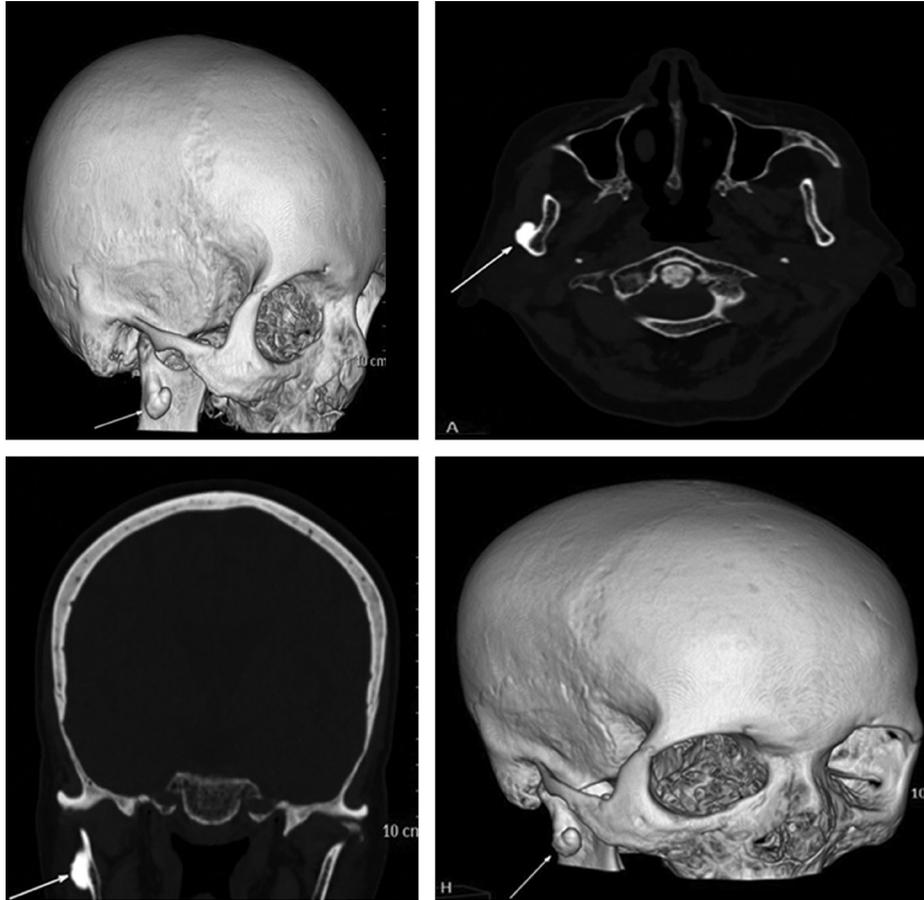


Figure 1. A smooth, solid, self-limited osteoma in the right temporomandibular region

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