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TREATMENT OF THE GREATER OCCIPITAL NEURALGIA

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From January 1998 to December 2004 we have treated 510 patients (208 F- 102 M) suffering from greater **occipital** neuralgia persisting for over 6 months (range 8-24). XRay examination of the cervical spine (standard and dynamic) was carried out on every patients as to exclude osteo-ligamental lesions, there was no neurological deficits from SNC compromission. In all of cases an anesthetic block of the nerve was practised using mepivacaina 2% repeating it 7 days later and established a specific pharmacologic treatment with gabapentin from initial 300 mg dose to 900 mg/day. By using this treatment we have had an improvement in 166 patients (32,5%) in a period ranging from 2 to 6 weeks. In 344 cases (67,5%) the painful symptomatology not being solved, radiofrequency was practised with satisfaction in 268 cases; in all of them pharmacology therapy was maintained. 12 cases did not benefit by RF in those cases we had performed a neuromodulation by using a quadripolar electrode insert in the subcutaneous tissue. Surgical treatment was never necessary in those cases. When approaching to such a pathology the correctness of the diagnosis, which must be confirmed through a selective anesthetic block, is basic as pointed out by Sjaastad. Anesthetic block also discontinue the painful stimulation and permit the restoration of the endogenous analgesia. The gabapentin's usage appears to be, as for other neuropathic pain, the best treatment leading to the resolution of painful in 80% of the patients. Whenever neuralgia persist, good results can be achieved by radiofrequency lesion of the nerve along with the gabapentin treatment.