

## **ESHNR Webinar 2020.1 - MCQs**

**January 14, 2020: Christine Glastonbury, San Francisco/US**

### **Trigeminal Neuralgia and Neuropathy**

If you would like to claim 1 point for the ESHNR Diploma, please send your answers (e.g. 1 – a; 2 – b etc.) via e-mail to [office@eshnr.eu](mailto:office@eshnr.eu)

**1. What is the expected disease course over time of trigeminal neuralgia?**

- a. Tends to spontaneously resolve
- b. Tends to become less frequent
- c. Tends to develop fewer trigger sites
- d. Tends to become more frequent

**2. The three branches of the trigeminal nerve are known as the:**

- a. Orbital, nasal and mandibular nerves
- b. Frontal, maxillary and mandibular nerves
- c. Ophthalmic, maxillary and mandibular nerves
- d. Frontal, nasociliary and lacrimal nerves

**3. The trigeminal nerve carries sensory information from much of the face including the external aspect of the tympanic membrane. For which meningeal location does it provide sensory innervation?**

- a. Anterior and middle fossa meninges
- b. Posterior fossa meninges
- c. Upper cervical cord meninges
- d. Internal auditory canal meninges

**4. The artery most commonly found to be at fault when there is true neurovascular compression of the trigeminal nerve is:**

- a. The superior cerebellar artery
- b. The anterior inferior cerebellar artery
- c. The posterior inferior cerebellar artery
- d. The menial cerebellar artery

**5. A patient with intermittent sharp, severe left facial pain is shown to have a large left cerebellopontine angle mass with restricted diffusion, compatible with an epidermoid. What is the best description of their pain?**

- a. Symptomatic trigeminal neuralgia
- b. Asymptomatic trigeminal neuralgia
- c. Classic Trigeminal Neuralgia
- d. Trigeminal Neuropathy