

GENDER DIFFERENCES OF VEGETATIVE CHANGES DURING TRIGEMINAL NEURALGIA ATTACK

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ABSTRACT

The research was conducted in 238 patients aged 30 to 70 years (including 155 women and 83 men) treated at the Department of Neurology and Maxillofacial Surgery of the Bukhara Regional Multidisciplinary Medical Center. Vegetative tests were performed to detect vegetative dystonia syndrome in all patients and gender differentiation was analyzed.

KEYWORDS: *Mental and Autonomic Changes, Trigeminal Nerve Neuralgia, Gender Differentiation.*

INTRODUCTION

Trigeminal nerve neuralgia is one of the most common persistent pain syndromes in clinical neurology. A.V. According to Stepanchenko, trigeminal neuralgia is one in five cases per 100,000 people in Russia. Epidemiological studies in the United States by W. Dousset and P. Henry found that the incidence of trigeminal neuralgia averaged 4.3–4.7 per 100,000 population. trigeminal nerve neuralgia is second only to facial nerve neuropathy in terms of prevalence among diseases of the cerebral nerves. [1] Trigeminal nerve neuralgia is more common in middle-aged and elderly people, and the incidence of the first pain attack is 30-35% before the age of 40, and 2-3% in those over 70 years of age. Women get sick more often than men. A number of autonomic changes are observed during an attack of trigeminal nerve neuralgia. This can be explained as a response by pain-responsive apparatus because the trigeminal nerve is strongly connected to the autonomic nervous system. But before the attack there is a vegetative aura - autumn tears, hyperthermia on the affected side and salivation. Sometimes a short-term vasodilator - a fall-age separation reaction develops as the equivalent of an attack of trigeminal nerve neuralgia. On the neuralgia side in 8% of patients there are persistent trophic disorders in the form of seborrheic eczema, extreme dryness of the skin, hyperpigmentation, eyelash loss. Rarely, patients with atrophy of the masticatory muscles and hematopoiesis of the face are observed on the observed side of neuralgia, and vegetative vascular dystonia syndrome is manifested during a pain attack. [2]

The clinical manifestations of vegetative vascular dystonia are determined by severe symptom complexes, regardless of the etiology, clinical forms and course, with asthenic syndrome as the

basis. The clinical picture of vegetative vascular dystonia consists of a number of syndromes associated with the dysregulation of one or another functional system. They are separate, but often combined with each other. [3]

Emotional aspects of pain: Pain sensations associated with mental disorders are one of the most difficult manifestations of pain syndrome to diagnose. Most of them are pain in the facial area. The question of the status of the psychological status of patients with trigeminal neuralgia is unresolved and controversial. The study of the nature of the mental impact on the origin of pain is complemented by the identification of the appearance of neuropsychiatric disorders. Determining their shape, concentration and transition period provides the use of targeted drug treatment. In some patients with pain syndrome, especially the chronic type, the correlation between the severity of the actual disease and the pain response is often weak. In such patients, social and psychological factors can have a significant impact on how they feel the effects of pain. Therefore, a psychiatrist or psychologist's examination of all patients with persistent complaints of pain should be a major part of the clinical examination, and this will help. [4]

Several categories of psychological diagnoses can be observed in patients with chronic pain syndrome, among which depression syndrome is the most common.

Depressive symptoms are characteristic of patients with chronic pain disturbances and are detected in 40% of cases. Many patients with pain syndrome deny depression and do not exhibit a depressive emotional reaction. In such patients, vegetative symptoms of insomnia, decreased sexual desire, and a sharp decline in quality of life may be observed. Gender differentiation of the pain threshold (if the pain is observed under the influence of mechanical pressure) indicates that the pain threshold is characterized by a strong masculine and feminine quality. [5]

The purpose of the study. To study gender differences in the transition characteristics of vegetative changes during the onset of trigeminal neuralgia.

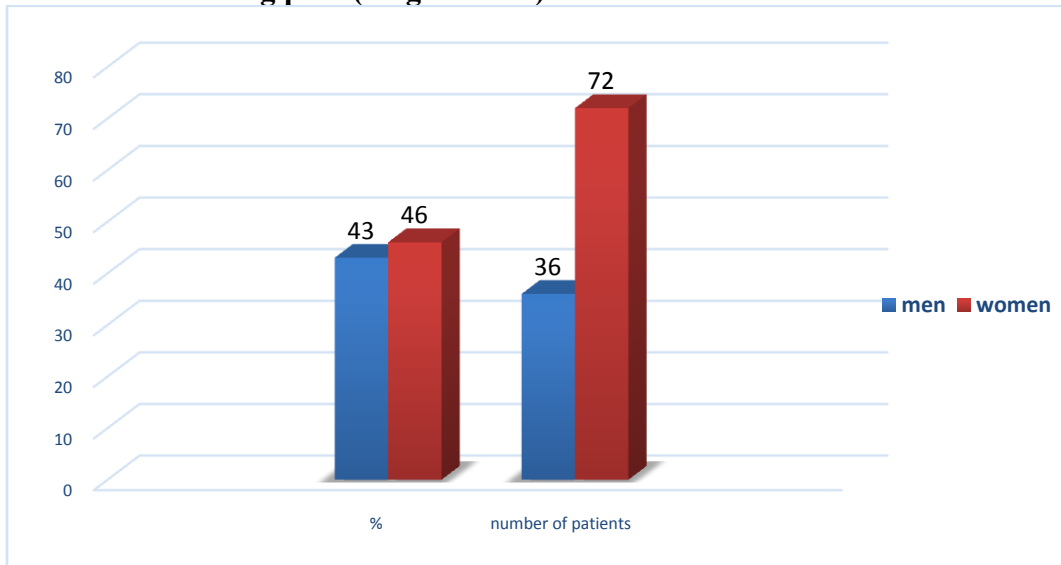
Materials and methods. We conducted a clinical study in 238 patients aged 30 to 70 years (including 155 women, 83 men) treated in the Department of Neurology and Maxillofacial Surgery of the Bukhara Regional Multidisciplinary Medical Center. Vegetative tests were performed to detect vegetative dystonia syndrome in all patients.

The result and their discussion. Vegetative tests were performed in several patients and the following results were observed.

Do you feel this every time you get excited?

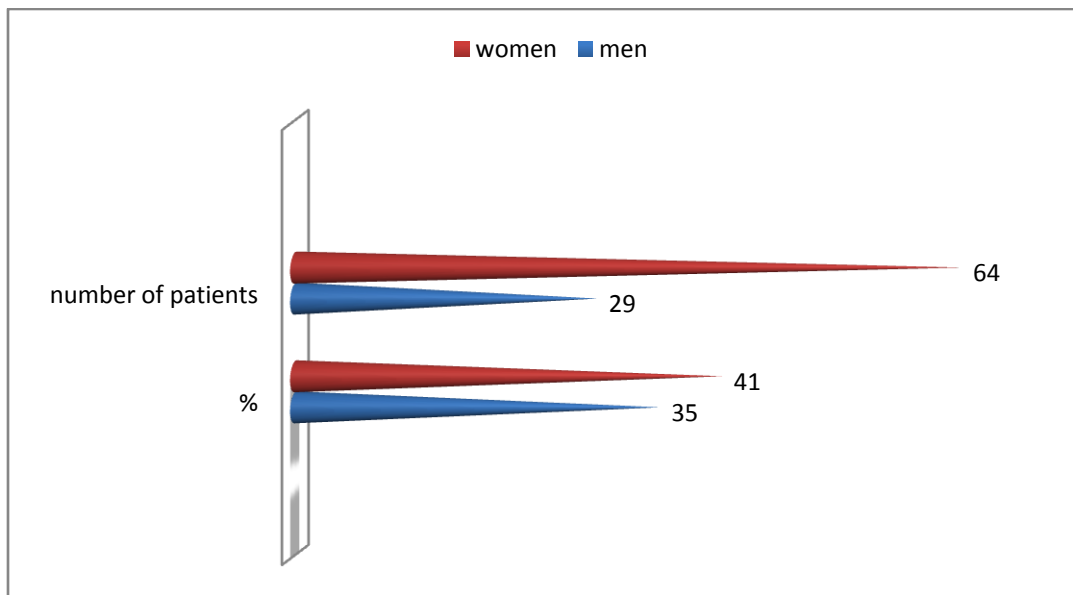
A) During the pain of redness in the facial area, the answer "yes" to the question was observed more in women than in men (diagram №1).

Redness of the face during pain (diagram №1)



Paleness in the facial area - during pain. The answer to this question was yes (41%, 35%) more than men. It can be seen that redness and whitening of the face is more common in women during a pain attack than in men (diagram №2).

Facial whitening during pain (diagram №2)



When we detected signs of frostbite and numbness among patients by vegetative test, cold soreness on the fingertips and palms was 18% in women, 13.2% in men, and 15% in women and 8% in men. When we analyzed the color changes (whitening, redness) of the fingertips and palms among patients, the discoloration of the fingertips was 25.8% in women and 12% in men. Discoloration of all parts of the finger and palm was found to be almost equal in men and women (7.2: 7). [6]

When we determined that sweating was strong among patients by vegetative test, the following result was observed: sweating during pain in women (32%) was found to be higher than in men (29%) (Table 1).

Expression of sweating intensity during pain among patients. (Table 1)

Gender	№	%
Men	24	29
Women	50	32

An attack of trigeminal nerve neuralgia is accompanied by multiple vegetative vascular changes. This can be explained as a response by pain-responsive apparatus because the trigeminal nerve is strongly connected to the autonomic nervous system. When we analyzed the rapid or slow heart rate during a pain attack among patients by vegetative test, the rate was 74% in women and 62.6% in men (Table 2).

Changes in heart rate during the crisis (Table 2)

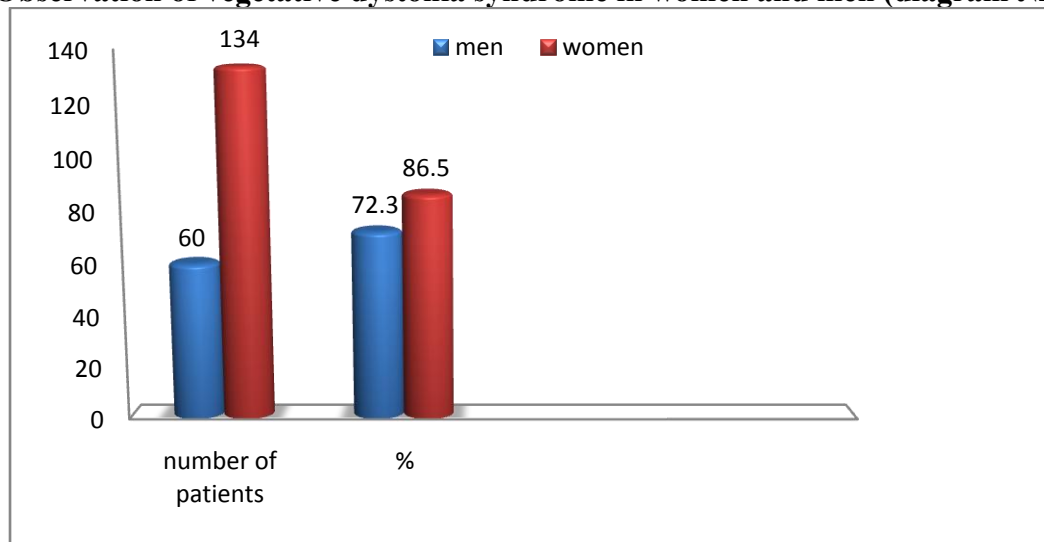
Gender	№	%
Men	52	62,6
Women	115	74

When patients were asked “do you feel difficulty breathing” (shortness of breath, frequent breathing, shortness of breath), it was found among women and men (30.3: 27.7%). Disorders of the gastrointestinal tract were observed more in men (38.5%) than in women (44.5%). The incidence of fainting during the pain attack was 10% in women and 1.2% in men. Aggressive headache: 79.5% in men and 74% in women. This suggests that aggressive headaches are more common in men during a neuralgia attack (Table 3). [7]

Observation of aggressive headache during a neuralgia attack (Table 3)

Gender	№	%
Men	66	79,5
Women	115	74

When vegetative vascular dystonia was examined on a questionnaire basis among patients, dystonia (86.5%) was more common during pain in women (diagram №3).

Observation of vegetative dystonia syndrome in women and men (diagram №3)**CONCLUSIONS**

In almost all cases, redness and whitening of the face, signs of cold and numbness on the fingers, discoloration of the fingertips and palms (whitening, redness), sweating during pain, rapid or slow heartbeat during a pain attack. In questions such as stroke, women had a higher rate than men, indicating that vegetative dystonia syndrome was more common (86.5%) in women during pain.

REFERENCES:

1. Juraeva DN, Narzulaeva UR, Aslamovna KG. Gender Differences In The Paraclinical Features Of The Course Of Trigeminal Neuralgia World Bulletin of Public Health (WBPH) 2022;8:186-190
2. Grechko V. EK diagnostics of neuralgic troynichnogo nerve. Journ. neuropath.i psychiatrist. 1985; 7: 1053-1055.
3. Stepanchenko AV. Tipichnaya neuralgia troynichnogo nerva. Moscow, Izd. group "VXM", 1994, 39p
4. Narzulaeva UR, Samieva GU, Nasirova ShSh. Hemoreological Disorders in The Early Stages Of Hypertension In Hot Climates. Journal of Biomedicine and Practice. 2021;6(1): 221-225
5. Yudelson YaB, Gribova NP. Litsevye hyperkinesis and dystonia. Smolensk 1997, pp.36-44.
6. Unger RK. Towards a redefinition of sex and gender. AmPsychol 1979; 34:1085-1094
7. Myers CD, Wise EA, Riley JL. Relative contributions of sex and gender to cardiovascular reactivity and experimental pain response. Poster. 17th annual meeting of the American Pain Society, San Diego, California, November 1998.