

# Cutaneous Nasociliary Neuralgia

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Lambert WC, Okorodudu AO, Schwartz RA. Cutaneous nasociliary neuralgia. *Acta Derm Venereol (Stockh)* 1985; 65: 257–258.

Nasociliary neuralgia has not to our knowledge been linked with inflammatory cutaneous lesions. We observed the phenomenon and postulate that it may be frequent but overlooked. *Key words: Acne; Neurocutaneous syndromes; Inflammation.* (Received October 27, 1984.)

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A number of overlapping syndromes and neuralgias of nasal headaches have been described (1). Referred pain is an important feature of many of these entities, with the complex and variable courses of cutaneous sensory nerves in the region of the nose, eyes, eyelids and sinuses playing a prominent role (1). The nasociliary branch of the ophthalmic division of the trigeminal nerve, for example, innervates both eye and skin; cutaneous vesicles of herpes zoster on the tip of the nose often herald ophthalmologic herpesvirus infection (2).

## REPORT OF A CASE

We recently observed a 42-year-old male who complained of a severe, constant pain localized to his left eye and periocular region which gradually built up over a 12-hour-period. A clinical diagnosis of incipient herpesvirus infection was entertained. However, at 18 hours, a typical acneiform papule of the skin just anterior to the left ala nasi, which had developed simultaneously with the pain but which had been previously ignored, underwent spontaneous rupture, with instantaneous clearing of all symptoms. The region of the tip of the nose had not been notably painful during the episode. The symptoms have not recurred and there have been no sequelae or recognizable eye pathology.

## DISCUSSION

Nasociliary neuralgia was defined by Charlin in 1931 (3) and is sometimes referred to as Charlin's syndrome. It links unilateral oculoorbital neuralgia with a number of changes not observed here, especially rhinitis with excessive rhinorrhea and ocular inflammation (1, 3). The process observed here has also some similarity to the anterior ethmoid nerve syndrome described by Sluder in 1922 and originally termed by him "nasociliary neuralgia"

(1, 4). This is to our knowledge the first report of nasociliary neuralgia in association with a skin lesion. Cutaneous nasociliary neuralgia may, however, represent a relatively common and important problem. Headaches and eye pain are common disorders; often they are insufficiently severe to bring the patient to a physician, yet cause much discomfort, stress and anxiety. It is possible that relatively trivial skin lesions, as in the present case, may account for a significant proportion of these symptoms. This is especially true since such lesions are often manipulated and chronically irritated by the patient, perhaps as a response to the very stress the lesion is creating. This cutaneo-neurological mechanism may thus be responsible for significant human disease.

## REFERENCES

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