

## **Occipital Neuralgia**

**Overview:** This disorder is a type of headache with discomfort noted at the back of the head, beginning at the base of the skull and radiating upward toward the top of the head. The symptoms can occur on either side of the head, or it can include both sides. The symptoms can be sharp, spasm-like pains that occur at different intervals. It is caused from irritation of the occipital nerves, which begin at the back of the head and extend to the top of the head. Occipital neuralgia is caused by inflammation or injury to these nerves. It can also be caused by excessive muscle tension in the muscles at the back of the head through which these nerves pass.

**Diagnosis:** A physical examination will usually show signs of increased tenderness in the tissues at the base of the skull and at the top of the spine. Doctors can use X-rays to determine whether there is any narrowing of the vertebra at the top of the spine, where the occipital nerves pass to the back of the head. The best test to confirm occipital neuralgia is an injection of anesthetic, called a nerve block, given at the base of the skull around the occipital nerve itself. If blocking the occipital nerve results in resolution of the symptoms, the diagnosis of occipital neuralgia is usually confirmed.

**Treatment:** One of the greatest concerns to doctors treating this problem is to make sure that these symptoms do not indicate an increase in intracranial pressure within the skull, which could signal a vascular, infectious or other significant problem. Some patients will find temporary relief from the pain with the use of nonsteroidal anti-inflammatory drugs and muscle relaxants. Physical therapy exercises will also provide some limited effectiveness. Doctors believe the best approach for long-term relief is the use of nerve block treatments. In some cases, an injection of local anesthetic combined with medication to reduce inflammation can result in long-term relief following a series of treatments. At times, the pain at the base of the skull is related to other disorders or arthritis in the joints of the upper portion of the spine. Doctors may use nerve block injections around these structures to help in the treatment of occipital neuralgia. Surgery can sometimes provide relief for several months, but most patients find the pain may return. Surgery is usually reserved as a last option. Some patients will find additional help through a combination of muscle relaxation techniques, known as biofeedback, in conjunction with physical therapy that focuses on manual therapy to the muscles at the back of the neck and head. Newer block treatments at the occipital nerves can also be utilized for long-term treatment at appropriate intervals.