

“Like a Bolt of Lightning”

BY Lisa Bendall



THE PATIENT: Sanjib Choudhuri, a 70-year-old retired business executive

THE SYMPTOMS: Episodes of jolting facial pain

THE DOCTOR: Dr. Mojgan Hodaie, neurosurgeon at Toronto Western Hospital’s Krembil Brain Institute

SANJIB CHOUDHURI clearly recalls the first time he felt sudden pain in the left side of his face. It was the late 1990s, and the busy executive, then in his 40s, had taken a break from work to spend quality time with his adolescent son—by shopping for a new Mustang convertible. “I was driving around with the top down,” he says, “and I got this gash of pain for a nanosecond down my scalp, like a lightning bolt out of

nowhere.” The sensation stopped as suddenly as it had started.

A couple of years later, Choudhuri started noticing sharp, painful tingling along his teeth and gums. It came and went, often while he was on a plane for work trips, so at first he attributed it to the changes in air pressure. But his dentist diagnosed him with a cracked tooth and recommended a root canal. After the procedure, however, Choudhuri continued to experience twinges in his mouth and flashes of scalp pain with no apparent pattern to either.

In 2010, the pains, although still brief, started becoming more frequent and intense. A doctor at a walk-in clinic couldn’t find anything obviously wrong, and neither did a

neurologist. It was possible, he was told, that he had a rare defect called trigeminal neuralgia (TN) affecting the nerves in his face, but there was too little to go on.

Over the next few years, another odd symptom increased in frequency. “I would hear an electric sound in my head,” he says. “Like a short circuit: sssshhhht.” Choudhuri’s family doctor was growing concerned and sent him for an MRI. There was no tumour, but the images did show a slightly malformed sinus cavity. If this was causing pressure and chronic sinus infections, it could explain the pain. His doctor gave him medication, but it didn’t help.

Finally, in 2016, Choudhuri saw a specialist in tooth and gum pain. She told him that if he did have TN, he was on the wrong medication. The neuropathic pain drug she started him on reduced the discomfort—and inspired Choudhuri to do his own reading about TN. “I realized this is probably what it is,” he recalls. He counted himself lucky that the medication worked.

But Choudhuri’s luck ran out two years later, when the condition worsened again. Explosive, excruciating pain woke him in the middle of the night. “It was like 30 seconds of a high-voltage cable stuck in my head,” he says. It stopped and restarted, over and over, bombarding him for six hours before letting up. Choudhuri, now separated from his wife

and with grown-up children, was alone. He was alarmed and confused by what was happening. “I just lay in bed. I had no idea what was going on and when it was going to stop.”

Even light touches to Choudhuri’s face or teeth triggered awful pain. “In the shower, if there was water running down my face, it was like electric shocks,” he says. Using a toothbrush, chewing food or even talking animatedly could cause agony.

EVEN LIGHT TOUCHES TO CHOUDHURI’S FACE OR TEETH TRIGGERED AWFUL PAIN.

Taking matters into his own hands, he booked an appointment with the Toronto neurosurgeon Mojgan Hodaie, who has a special interest in TN. If he did have this condition, he thought she might be able to help him, and if he didn’t, maybe she could properly diagnose him.

The warm, outgoing Hodaie remembers the first time she saw a case of TN, as a medical student. Back then, surgery to treat it was riskier than it is today and lasted six hours. It left an impression on her. “The whole back side of the brain was exposed, and the anatomy was exquisite,” she says. Half of all the

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patients who are sent to her today to be assessed for TN either don't have it or won't benefit from TN surgery at that time. But when she saw Choudhuri, there was very little doubt in her mind: his symptoms checked all the boxes. A special MRI that looked at the nerve structures in close detail confirmed it.

DR. HODAIIE HAS HELPED OVER 1,000 PATIENTS WITH SURGERY. IN JANUARY, IT WAS CHOUDHURI'S TURN.

In classic trigeminal neuralgia, a blood vessel and nerve are too close together. After prolonged contact, it's thought that the lining of the nerve wears down, and then the vessel presses on the sensitive nerve fibres, creating excruciating signals that the brain struggles to suppress. Medication can become less effective over time.

Since TN only affects about one in 20,000, some people go years without a proper diagnosis and treatment.

"Quite often, patients have unnecessary dental extractions," says Hodaie.

But she has helped more than 1,000 patients through surgery. In January 2020, it was Choudhuri's turn. Hodaie moved the blood vessel away from the nerve and inserted a tiny barrier of Teflon between them, taking great care to avoid injuring the delicate structures. The risk of complications is less than two percent but can lead to brain or nerve damage.

When Choudhuri awoke from surgery, he knew instantly that it had worked. "There had been a heaviness, like a bruise that you know is there and will hurt if you move," he says. "It was just gone."

Although the procedure can be repeated if necessary, it's often a long-term fix the first time. Hodaie has high hopes for Choudhuri, since his MRI indicated he was a textbook TN case: "I think the odds are in his favor." ♦



Less Is More

**The most important thing for poets to do
is to write as little as possible.**

T.S. ELIOT