**INTRODUCTION**

**Epidemiology**
- Incidence: 0.8 cases per 100,000 people
- Incidence of trigeminal neuralgia: 15 cases per 100,000 people

**Pathophysiology**
- Idiopathic etiology
- Similar to trigeminal neuralgia, but with symptomatic distribution confined to sites innervated by the ninth cranial nerve

**Typical Clinical Presentation**
- Unilateral involvement in 88% of patients
- Paroxysmal lancinating pain from the oropharynx extending to the ear
- Can present with pain involving the ear (57%), tonsillar fossa (30%), base of the tongue (21%), or angle of the jaw
- Periods of remission and return of symptoms for an unpredictable amount of time

**CASE PRESENTATION & CLINICAL COURSE**

A 71-year-old female presents with sharp, shock-like pain in the inferior aspect of the left tongue. She characterized the pain as intermittent and debilitating for a duration of three weeks, with each episode lasting hours to days. The unilateral pain originated from the base of the tongue and radiated toward the tip on the left side. Movements such as chewing, swallowing, and talking exacerbated her symptoms and inhibited her from eating or speaking. Physical exam was normal and no lesions suggesting herpes zoster were found on the face, in the mouth, or in the ears. CBC and CMP on admission were within normal limits.

**DIFFERENTIAL DIAGNOSIS**
- Zoster sine herpete
- Trigeminal neuralgia
- Geniculate neuralgia
- Cerebellopontine angle mass
- Eagle syndrome
- Peritonsillar abscess
- Vascular compression of cranial nerves
- Acute myocardial infarction
- Psychiatric illness

**Diagnostic Evaluation**
- There are several secondary etiologies for glossopharyngeal neuralgia, therefore it is important to complete the necessary diagnostic testing in order to rule out other pathological processes.
- Cardiac work-up was completed to rule out an atypical presentation of cardiovascular disease.

**Treatment/Follow-up**
- Initial treatment on admission:
  - Gabapentin
  - Acetaminophen as needed for pain control
- Neurology subsequently evaluated the patient and began treatment with Carbamazepine because it is the drug of choice for trigeminal neuralgia and both conditions have similar etiologies.
- Our patient responded well to treatment and symptoms were 80% improved by 24 hours.
- During follow-up in the clinic, the patient reported that symptoms had returned and was switched from Carbamazepine to Lyrica.

**Significance of This Case & Teaching Points**
- This is a case report of a rare illness that presented with atypical symptoms.
- It is important to rule out secondary etiologies of glossopharyngeal neuralgia, as some can be life-threatening or potentially curable.