Occipital Neuralgia

Quite often patients confuse and rightfully so, occipital neuralgia and migraines. It is because they are similar in some respects of a spectrum of what I would call chronic head pain. Whether your chronic head pain is a migraine or occipital neuralgia, it is very debilitating to you.

By definition, occipital neuralgia means pain in the back of the head caused by a nerve. Occipital is the location of where the pain is found, and the occiput is the medical term for the back of the head. Neuralgia is a Greek word that literally means painful nerve. Put together, occipital neuralgia is pain in the back of the head caused by a nerve.

Many patients know they have a musculoskeletal problem that is causing their head pain / chronic head pain. What is frustrating to them is that they have tried conservative options, found short term relief, but not long term relief.

Occipital neuralgia does not specify which nerve is compressed. The most common nerves implicated in occipital neuralgia are the Greater and Lesser occipital nerve. These nerves arise from what is known as the spinal cord. They grow out of it and have what we call “roots”. The nerve ascends from the upper part of the spinal cord in the neck to through muscles and tissues, and makes its way up both sides of the head just near the ears. Each side has one nerve of each. Greater meaning - larger, and lesser meaning a smaller branch. The function of the nerve is rather interesting, it provides sensation to the back of the head.

A lot of patients with occipital neuralgia have very tight neck muscles, and you can feel “knots” or trigger points. Keep in mind the trapezium muscle attaches to the back of the trapezium, so when those muscles are tight, they pull on the back of the head.

So why does this nerve cause so much pain? Nerves in general when compressed, and compressed for a long time, will cause pain. Very few other things in your body causes pain other than nerves. So imagine that nerve compressed 24 hours a day, it would cause debilitating pain. The nerves are quite large, especially the greater occipital nerve.

The nerve is also very soft and spongy. The back of the neck can be very deep, however, these nerves lay outside the skull, or extracranially in what we call the soft tissue, or the muscles and fascia that surround the skull. There are several muscles and tissue that can compress this nerve.

Many techniques focus on relieving pressure on these nerves. Physical therapy, nerve blocks, injections, Botox, surgery, medications such as muscle relaxants. Most of them are short term, and the pressure will eventually return once the treatment reaches is maximal medical improvement. With surgery, the nerve is identified, all the tissue whether it is muscle or fascia that may be compressing upon it, are alleviated. No pressure on the nerve means no more pain. The chances of scarring or recurrence after surgery is very low.

Botox works on the occipital neck muscles, and temporarily relaxes them, taking the pressure off of these nerves. Botox generally lasts about 2-3 months before you need to get the next treatment.