Statement of Principles
concerning

TRIGEMINAL NEUROPATHY

No. 29 of 2009

for the purposes of the

Veterans’ Entitlements Act 1986
and
Military Rehabilitation and Compensation Act 2004

Title
1. This Instrument may be cited as Statement of Principles concerning trigeminal neuropathy No. 29 of 2009.

Determination
2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 81 of 1995, as amended by Instrument No. 11 of 2002, concerning trigeminal neuropathy; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about trigeminal neuropathy and death from trigeminal neuropathy.
   (b) For the purposes of this Statement of Principles, "trigeminal neuropathy" means a disorder of the trigeminal nerve (fifth cranial nerve), including disorder of the trigeminal brainstem nuclei, the cisternal segment, and that part of the nerve that traverses Meckel’s cave and cavernous sinus, and which produces:
      (i) symptoms; and
      (ii) signs or electrodiagnostic evidence;
of impaired motor, sensory or autonomic functioning, in the
distribution of the trigeminal nerve. This definition includes
neuropathy confined to the trigeminal nerve, neuropathy of the
trigeminal nerve occurring simultaneously with other cranial
nerve disorders, and idiopathic trigeminal sensory neuropathy.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound
medical-scientific evidence that indicates that trigeminal neuropathy
and death from trigeminal neuropathy can be related to relevant
service rendered by veterans, members of Peacekeeping Forces, or
members of the Forces under the VEA, or members under the Military
Rehabilitation and Compensation Act 2004 (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be
related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a
reasonable hypothesis has been raised connecting trigeminal neuropathy
or death from trigeminal neuropathy with the
circumstances of a person’s relevant service is:

(a) having multiple sclerosis at the time of the clinical onset of
trigeminal neuropathy; or

(b) having a mass lesion which compresses, displaces or infiltrates
the affected trigeminal nerve, at the time of the clinical onset of
trigeminal neuropathy; or

(c) having a haematological malignancy or lymphoproliferative
disorder from the specified list at the time of the clinical onset of
trigeminal neuropathy; or

(d) having a cerebrovascular accident within the four weeks before
the clinical onset of trigeminal neuropathy; or

(e) having a dental or surgical procedure involving the affected
trigeminal nerve, within the four weeks before the clinical onset
of trigeminal neuropathy; or
(f) having a traumatic injury to the affected trigeminal nerve within the four weeks before the clinical onset of trigeminal neuropathy; or

(g) having maxillary, sphenoid or frontal sinus barotrauma involving the affected trigeminal nerve, within the four weeks before the clinical onset of trigeminal neuropathy; or

(h) having an inflammatory connective tissue disease from the specified list at the time of the clinical onset of trigeminal neuropathy; or

(i) having a systemic vasculitis from the specified list at the time of the clinical onset of trigeminal neuropathy; or

(j) having a benign osseous lesion which compresses or displaces the affected trigeminal nerve, at the time of the clinical onset of trigeminal neuropathy; or

(k) having a viral, bacterial or protozoal infection from the specified list, at the time of the clinical onset of trigeminal neuropathy; or

(l) having a localised infection from the specified list involving the affected trigeminal nerve, at the time of the clinical onset of trigeminal neuropathy; or

(m) having herpes zoster within the four weeks before the clinical onset of trigeminal neuropathy; or

(n) having a systemic disease from the specified list at the time of the clinical onset of trigeminal neuropathy; or

(o) being treated with a drug from the specified list within the six months before the clinical onset of trigeminal neuropathy; or

(p) inhaling, ingesting or having cutaneous contact with a chemical substance from the specified list, on at least thirty occasions within a continuous period of six months, and the clinical onset of trigeminal neuropathy occurred within the thirty days following that period; or

(q) having an episode of acute intoxication, from inhaling or ingesting a chemical substance from the specified list, within the thirty days before the clinical onset of trigeminal neuropathy; or
(r) undergoing a course of therapeutic radiation to the region of the affected trigeminal nerve within the six months before the clinical onset of trigeminal neuropathy; or

(s) having radiofrequency ablation of the affected trigeminal nerve within the four weeks before the clinical onset of trigeminal neuropathy; or

(t) having multiple sclerosis at the time of the clinical worsening of trigeminal neuropathy; or

(u) having a mass lesion which compresses, displaces or infiltrates the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy; or

(v) having a haematological malignancy or lymphoproliferative disorder from the specified list at the time of the clinical worsening of trigeminal neuropathy; or

(w) having a cerebrovascular accident within the four weeks before the clinical worsening of trigeminal neuropathy; or

(x) having a dental or surgical procedure involving the affected trigeminal nerve, within the four weeks before the clinical worsening of trigeminal neuropathy; or

(y) having a traumatic injury to the affected trigeminal nerve within the four weeks before the clinical worsening of trigeminal neuropathy; or

(z) having maxillary, sphenoid or frontal sinus barotrauma involving the affected trigeminal nerve, within the four weeks before the clinical worsening of trigeminal neuropathy; or

(aa) having an inflammatory connective tissue disease from the specified list at the time of the clinical worsening of trigeminal neuropathy; or

(bb) having a systemic vasculitis from the specified list at the time of the clinical worsening of trigeminal neuropathy; or

(cc) having a benign osseous lesion which compresses or displaces the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy; or
(dd) having a viral, bacterial or protozoal infection from the specified list, at the time of the clinical worsening of trigeminal neuropathy; or

(ee) having a localised infection from the specified list involving the affected trigeminal nerve, at the time of the clinical worsening of trigeminal neuropathy; or

(ff) having herpes zoster within the four weeks before the clinical worsening of trigeminal neuropathy; or

(gg) having a systemic disease from the specified list at the time of the clinical worsening of trigeminal neuropathy; or

(hh) being treated with a drug from the specified list within the six months before the clinical worsening of trigeminal neuropathy; or

(ii) inhaling, ingesting or having cutaneous contact with a chemical substance from the specified list, on at least thirty occasions within a continuous period of six months, and the clinical worsening of trigeminal neuropathy occurred within the thirty days following that period; or

(jj) having an episode of acute intoxication, from inhaling or ingesting a chemical substance from the specified list, within the thirty days before the clinical worsening of trigeminal neuropathy; or

(kk) undergoing a course of therapeutic radiation to the region of the affected trigeminal nerve within the six months before the clinical worsening of trigeminal neuropathy; or

(ll) having radiofrequency ablation of the affected trigeminal nerve within the four weeks before the clinical worsening of trigeminal neuropathy; or

(mm) inability to obtain appropriate clinical management for trigeminal neuropathy.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(t) to 6(mm) apply only to material contribution to, or aggravation of, trigeminal neuropathy where the person’s trigeminal neuropathy was suffered or contracted before or during (but not arising out of) the person’s relevant service.
Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a benign osseous lesion" means a non-malignant disease of the bone, such as Paget's disease, osteogenesis imperfecta or fibrous dysplasia;

"a chemical substance from the specified list" means:
(a) dichloroacetylene;
(b) ethylene glycol; or
(c) trichloroethylene;

"a course of therapeutic radiation" means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

"a drug from the specified list" means:
(a) alpha interferon;
(b) cisplatin;
(c) hydroxystilbamidine isethionate (stilbamidine);
(d) mefloquine;
(e) paclitaxel;
(f) vinblastine;
(g) vincristine; or
(h) vindesine;

"a haematological malignancy or lymphoproliferative disorder from the specified list" means:
(a) acute lymphoid leukaemia;
(b) acute myeloid leukaemia;
(c) chronic lymphoid leukaemia;
(d) chronic myeloid leukaemia;
(e) Hodgkin’s lymphoma; or
(f) non-Hodgkin’s lymphoma;
"a localised infection from the specified list" means:
(a) mastoiditis;
(b) meningitis;
(c) odontogenic infection;
(d) osteomyelitis;
(e) otitis media;
(f) periodontitis; or
(g) sinusitis;

"a mass lesion" means an endogenous pathological structure or extraneous material. This definition includes benign or malignant neoplasm, abscess, amyloidoma, neurocysticercosis, arachnoid cyst, or tortuous or aberrant loop of arteries or veins;

"a systemic disease from the specified list" means:
(a) amyloidosis;
(b) chronic renal failure;
(c) diabetes mellitus; or
(d) sarcoidosis;

"a systemic vasculitis from the specified list" means:
(a) Behçet’s syndrome;
(b) Churg-Strauss syndrome;
(c) polyarteritis nodosa;
(d) Takayasu arteritis; or
(e) Wegener’s granulomatosis;

"a traumatic injury to the affected trigeminal nerve" means compression, crush, transection, or stretching of the peripheral or central divisions of the trigeminal nerve;

"a viral, bacterial or protozoal infection from the specified list" means current or recent infection with:
(a) Borrelia burgdorferi (Lyme disease);
(b) cerebral malaria;
(c) human immunodeficiency virus;
(d) Mycobacterium leprae (leprosy);
(e) neurocysticercosis; or
(f) Treponema pallidum (tertiary syphilis);

"acute intoxication" means clinically significant neurological or psychological changes accompanied by two or more of the following signs:
(a) blurred vision or diplopia;
(b) depressed reflexes;
(c) dizziness;
(d) euphoria;
(e) generalised muscle weakness;
(f) incoordination;
(g) lethargy;
(h) nystagmus;
(i) psychomotor retardation;
(j) slurred speech;
(k) stupor or coma;
(l) tremor; or
(m) unsteady gait;

where the symptoms are not due to a general medical condition and are not better accounted for by a mental disorder;

"an inflammatory connective tissue disease from the specified list" means:

(a) dermatomyositis;
(b) mixed connective tissue disease;
(c) polymyositis;
(d) rheumatoid arthritis;
(e) scleroderma (progressive systemic sclerosis);
(f) Sjogren's syndrome; or
(g) systemic lupus erythematosus;

"death from trigeminal neuropathy" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s trigeminal neuropathy;

"radiofrequency ablation" means a therapeutic procedure that uses the controlled delivery of radiofrequency-generated thermal energy to damage neural tissue and disrupt nerve conduction;

"relevant service" means:

(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) warlike service under the MRCA; or
(e) non-warlike service under the MRCA;
"terminal event" means the proximate or ultimate cause of death and includes:

(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

Application

10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 6 May 2009.

Dated this twenty-fourth day of April 2009

The Common Seal of the Repatriation Medical Authority was affixed to this instrument in the presence of:

KEN DONALD
CHAIRPERSON