To the editor:

I read with interest the article by Qureshi [1] regarding the description of artery to trigeminal nerve ganglion. The identification of artery of Qureshi [1] paves the way for intra-arterial delivery of therapeutic agents to the trigeminal nerve ganglion for treatment refractory trigeminal neuralgia [2]. The authors had previously described two cases with resolution of refractory headaches following intra-arterial injection of lidocaine and methylprednisolone into middle meningeal artery [3]. We are learning more about intra-arterial approaches to refractory headaches and trigeminal neuralgia and hope that such work continues to expand our therapeutic options.

It would be of interest to see if artery of Qureshi (to trigeminal nerve ganglion) has various morphological subtypes (single versus multiple small arteries) and what other normal variations exist between individuals.

References