

Headache

I. Be able to recognize classic migraine, common migraine, cluster, and tension headaches

Migraines - usually unilateral, pulsatile, often associated w/ nausea~ vomiting, photophobia, phonophobia, and lassitude, auras in 10%, more common in women, young age of onset, often family history. Intracranial vasoconstriction and extracranial vasodilatation suspected to cause aura and headache. Use vasoconstricting ergots for acute migraine and vasodilators for aura. Decrease cerebral blood flow begins in occipital region then spreads.

Classic migraine - migraine w/ aura, usually visual alterations, then throbbing Unilateral headache, lasts 2 hrs to 1 day, can be bilateral, often get nausea vomiting, photophobia~ phonophobia, irritability, uncommon to have focal neurologic deficits, gradual onset of signs and spontaneous resolution distinguishes :from stroke

Common migraine -lack classic aura, usually bilateral, periorbital, seen more frequently, throbbing pain, scalp tenderness often present,

Cluster - more common in men, onset later age than migraines, present w/ clusters of brief severe, unilateral, constant non-throbbing headache that lasts minutes to 2 hrs. Always unilateral, recur on same side, occur at night, awakening patient, recur almost daily. Headache begins as burning sensation over lateral aspect of nose or pressure behind eye, may get Homer's syndrome, lacrimation, and nasal stuffiness.

Tension - chronic headaches of unapparent cause, begin after age 20, frequent non throbbing, bilateral occipital head pain not associated w/ nausea, vomiting, or prodromal visual disturbance. Band like tightness, women more than men

2. Be able to recognize the headache of subarachnoid hemorrhage

Classically, new, sudden onset unusually severe generalized headache (worst ever), often get LOC, vomiting, and neck stiffness. Begin at any time of day at either rest or exertion, may have earlier headaches that were small prodromal hemorrhages, Headache less. severe for A VM than aneurysm.

3. Be able to recognize the CSF profiles of subarachnoid hemorrhage and meningitis

SAH - marked elevated pressure, fluid grossly bloody (100k - 1 million RBC/mm³), supernatant of centrifuged CSF becomes yellow (hemoglobin breakdown), WBC level initially same as peripheral blood, Over 48 hrs get WBC pleocytosis .and decrease glucose (4-8 days)

Meningitis - (a) bacterial- increase CSF pressure (90%), fluid clear or purulent, WBC level 1k-10k/ml, Protein concentration 100-500 mg/dL, glucose < 40 mg/dL. (b) TBBSF pressure increased, fluid clear/colorless, lymphocytic/mononuclear pleocytosis 50500 cells/ml, CSF protein> 100 mg/dL, glucose < 20 mg/dL. (c) Viral- CSF pressure normal or increased, lymphocytic/mononuclear cells < 10DO/ml, Protein normal or slightly elevated, glucose normal, gram stain no organism.

4. Know how to recognize, diagnose, and treat temporal arteritis

Subacute granulomatous inflammation affecting external carotid system, inflammation of arterial walls produce headache. Effect women, usually >50 years, associated w/ nonspecific signs like malaise, myalgia, wt loss, arthralgia, fever. Headache can be unilateral or bilateral, severe boring quality, localized to scalp. Pain stiffness in jaw during chewing is highly suggestive, may lead to blindness with involvement of ophthalmic artery. Diagnose w/ biopsy of temporal artery, which shows thickened and non pulsatile, dilated tender artery. ESR elevated. Therapy is prednisone 40-60 mg/d w/ decreasing doses after 3 months. Continue therapy for 1-2 years, improvement seen w/in 2-3 days.

5. Be able to recognize the clinical features that distinguish between benign vs. potentially

, serious underlying causes of headache

Headaches that are new onset and different than previous headaches commonly symptoms of serious illness, worst headache ever (SAH), diffuse headache w/ neck stiffness and fever (meningitis), head pain centered around one eye (acute glaucoma). Subacute headache where pain progresses, or occurrence in elderly might be serious, recent trauma (subdural, postconcussive syndrome), history of malaise/fever/neck stiffness (subacute meningitis), other neurological abnormalities! wt loss (brain tumor).

Headaches that have occurred for years are usually benign.

6. Be able to recognize the clinical syndrome of trigeminal neuralgia, its evaluation and initial treatment

Facial pain syndrome that develops in middle/late life, microvascular compression of nerve may cause. symptoms. Pain limited to V2, V3 distribution. Get momentary . lightning like jabs of severe pain that stops spontaneously. Sensory stimulation of trigger points by touch, cold, wind, talking, chewing cause pain. No abnormalities on physical exam.. Consider MS and brainstem tumors in young patients w/ neurological findings. No abnormalities on CT, MRI, or angiography. Symptoms remit w/ carbamazepine (400

1200 orally), or phenytoin for acute attack, lamotrigine for refractory cases.