

Other primary headache

MTIS2018-121

CLINICAL AND DEMOGRAPHICAL CHARACTERISTICS IN A SERIES OF 107 PATIENTS WITH CLUSTER HEADACHE

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Introduction: Cluster Headache (CH) is the most frequent trigeminal autonomic headache. Its clinical picture is well established but there are variants regarding pain location and temporal pattern; besides, accompanying symptoms are not always considered in previous series. Despite the great disability it produces, CH is not always easy to recognize.

Objectives: We aimed to analyze the clinical and demographic characteristics of a series of patients with CH.

Methods: Observational, retrospective study, reviewing the histories of patients diagnosed with CH according to the International Classification of Headache Disorders (ICHD) criteria. Cases had been recorded in a prospective registry of a headache unit in a tertiary hospital (January 2008 - June 2018). Clinical and demographic data were collected.

Results: We included 107 cases corresponding to 1.8% of the 5707 patients of the aforementioned registry. The majority of patients were male (96, 89.7%), young (age at onset of CH of 33.4 ± 12.3 years) and with episodic CH (91, 85%). Latency between onset and diagnosis of CH was 7.8 ± 8.3 years and 5.2 ± 5.8 pain cycles. Pain attacks were predominantly right-sided in 59 cases (55.1%) and in 48 (44.9%) left sided; in 13 (12.1%), a side shift between individual attacks or cycles was described. The location of pain attacks corresponded to the first branch of the trigeminal nerve in most of the patients, although in some cases it was located, at least at the beginning of the attacks, in occipital scalp (6, 5.6%), temporal scalp (2, 1.9%), or territory of maxillary (8, 7.5%) or mandibular nerves (1, 0.9%). A point to highlight in our series is that in 53 cases (49.5%) there was a latency time of 4.8 ± 4.5 minutes between the onset of pain and its maximum intensity. The quality of the pain was usually lancinating or stabbing, although 21 patients (19.6%) referred to it as throbbing, something considered unusual in the literature. The intensity of pain attacks was 9.2 ± 0.9 on an analogical scale and exceptionally less than 8. Regarding the accompanying symptoms, in 93 cases (86.9%), autonomic symptoms appeared (especially lacrimation, conjunctival injection and nasal rhinorrhea), in 23 (21.5%) vegetative symptoms (only in one case bradycardia) and in 58 (54.2%) restlessness. In 75 (70.1%) of the patients a circadian rhythm in pain attacks was described, and in 24 (22.4%) a circannual rhythm between pain cycles.

Conclusion: Cluster headache is a primary headache in which, despite being clinically well characterized and extremely disabling for most patients, the time latency between onset and diagnosis seems too long. The clinical and demographic characteristics of our series are comparable to those previously published, although it shows the frequency of pain localization outside the first trigeminal branch, an occasional pattern of increased pain intensity during attacks, and that “migrainous-associated” symptoms or throbbing quality of pain attacks are not uncommon.

Disclosure of Interest: None Declared

Keywords: None