

HEADACHE

dissection may mimic

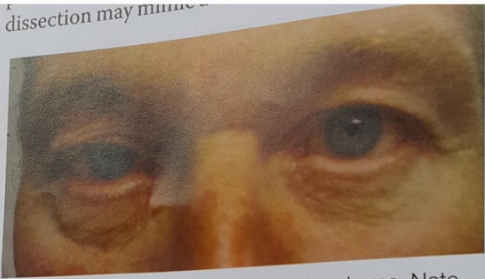


FIGURE 10-2. Cluster headache. Horner syndrome. Note mild unilateral ptosis (on the patient's right side), anisocoria with a smaller pupil on the side of the ptosis, and redness from associated cluster headache. The common "upside-down" ptosis (i.e., elevation) of the lower lid is masked by coexisting eyelid laxity and blepharitis, which can be confounding factors in older adults.

Cluster headache

- unilateral pain involving the orbit, supraorbitally, or the temple
- attacks last weeks to months, each for 15 -120 m
- patients are restless and pacing
- autonomic symptoms: lacrimation, rhinorrhea, Eyelid edema, sweating or flushing, Sensation of fullness in the ear, Miosis, ptosis
- men > women, 20-40 years
- activation of the posterior hypothalamic gray matter is seen

-Alcohol, histamines, and nitroglycerine are triggers

-DDx : Horner syndrome

-Chronic :less than 1 month of remission

-Abortive treatments: 100%O₂, Sumatriptan and zolmitriptan, DHE, Occipital nerve block

-Preventive treatments: Verapamil, glucocorticoids, Lithium and (topiramate, antihypertensive

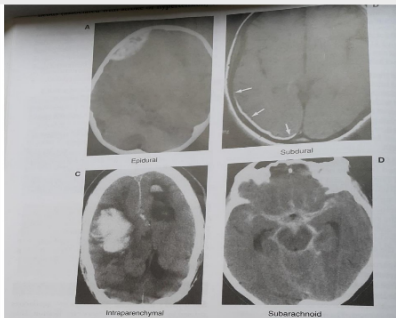


FIGURE 10-3. Examples of intracranial hemorrhages on CT scans. (A) Epidural hemorrhage. (B) Subdural hemorrhage. (C) Intracerebral hemorrhage. (D) Subarachnoid hemorrhage. Arrows point to the subdural hemorrhage.

Vascular causes of headache

cerebral hemorrhages: SAH, intraparenchymal, epidural, subdural

-thunderclap headache

-the onset is abrupt and severe

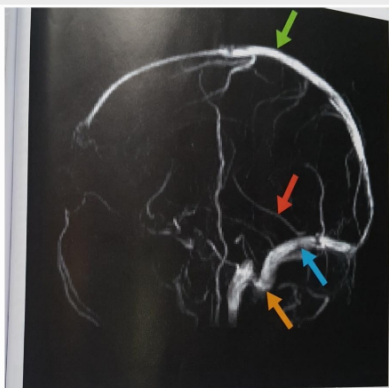


FIGURE 10-4. Deep venous sinus thrombosis in a pregnant woman. Sagittal image from a magnetic resonance venogram (MRV) demonstrating occlusion of the deep venous system, including the straight sinus (red arrow). The inferior sagittal sinus (green arrow) and right transverse sinus (blue arrow) and sigmoid sinus (orange arrow) are patent.

Ischemic strokes

-venous sinus thrombosis

-headaches with increased intracranial pressure

-hypercoagulability states, including pregnancy

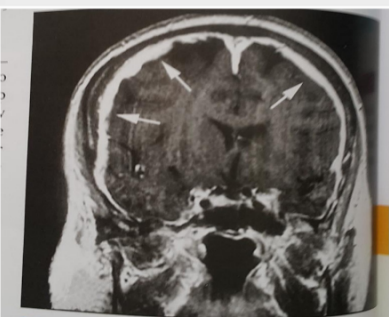


FIGURE 10-5. Intracranial hypotension. Gadolinium-enhanced MRI scan of a patient with intracranial hypotension. There is widespread, symmetric meningeal enhancement (arrows).

Intracranial hypotension

- worse with standing, neck pain or tinnitus

-occurs after epidural puncture or LP

-Dx: LP with opening pressure below 60 mm

-blood patch may be attempted to cover the dural leak

عن النبي صلى الله عليه وسلم انه قال

إِنَّ الْمُؤْمِنَ خُلِقَ مُفْتَنًا تَوَابًا نَسَاءً إِذَا دُكِرَ ذَكَرَ...