

10//21 Neuro Morning Report with @CPSolvers

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CC: Headaches for 4 months

HPI: 39yF p/w HA. 4m ago, she noticed pulsatile **unilateral pain** localized to L occipital region that radiates to retroauricular and temporal area **after sleeping**. She describes the pain as constant, w/acute exacerbations increasing in severity and frequency. During the exacerbations she has **profound rhinorrhea and ear fullness** in L side w/mild photophobia and phonophobia.

No N/V, no visual or auditory symptoms. No fever, weight loss, chills. No triggers of exacerbations.

PMH: Major depressive disorder since 15y.

No previous migraine dx.

Meds: used migraine meds w/no results. Fluoxetine.

Fam Hx:

Soc Hx: Works in battery manufacturing factory. Annual travel to Ayacucho (Peruvian Andes) to her parent's farms where there are cats, dogs, cows, chickens, ducks, horses and goats.

Health-Related Behaviors:

Allergies:

Vitals: T:36.5 HR:94 BP:100/60 RR:18 SpO₂: 98%

Exam:

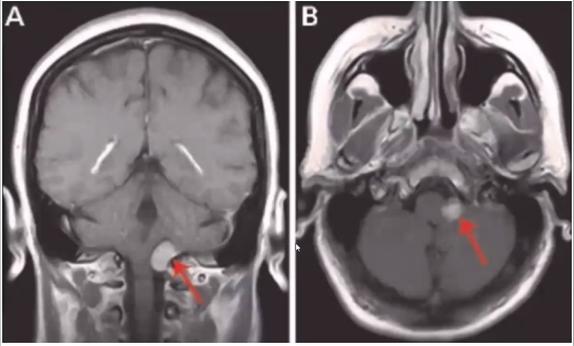
Systemic:

Neuro

- **Mental Status:** AxO, adequate speech.
- **Cranial Nerves:** Fundoscopy normal. CN normal
- **Motor:** Normal
- **Reflexes:** Normal
- **Sensory:** Normal
- **Cerebellar:** No dysdiadochokinesia or dysmetria.
- **Other:** Normal gait.

Notable Labs & Imaging:

Imaging: T1 Post contrast MRI. A - Coronal B - Axial. Extra axial lesion at cerebellopontine angle (DDX: Meningioma vs Schwannoma).



After radiosurgery and dexamethasone pain persisted.

Final Dx: Meningioma + Hemicrania Continua

Problem Representation: 39yF w/4month Hx of new onset HA associated w/ acute exacerbations w/rhinorrhea and ear fullness found to have an extra axial lesion at the cerebellopontine angle. After treatment pain persisted.

Teaching Points (Rafa): #EndNeurophobia

- **HEADACHES FOR 4 MONTHS**
Age? Type? Duration - important to consider during the history
Elderly w/ sudden HA and focal neurological deficit - stroke, TIA
Young w/ unilateral HA, aura, photophobia/phonophobia-migraine
Important to distinguish 1ary vs 2ndary HA (inside the head - tumor / head/neck - ear / nose/teeth problems / systemic conditions like flue);
- **VASCULAR HEADACHE**
Sudden / thunderclap HA- "worst HA of my life" - SAH (aneurysm /AVM)
Amphetamines / cocaine - vasospasm
- **MASS OCCUPYING LESION HEADACHE**
Elevated ICP - HA worse in AM/ can awaken the patient ("brain orthopnea").
- **BACKGROUND**
HIV positive - opportunistic infections or tumors/ Neoplasia - metastasis / Lyme disease - meningoencephalitis / otitis media - predispose to brain abscess which can manifest as headache
- **SNOOP**
Systemic symptoms, (eg, fever, weight loss)
Neurologic symptoms (eg, confusion, neurologic deficits)
Onset is new (particularly for age >40) or sudden (eg, "thunderclap")
Other associated conditions or features (eg, head trauma, illicit drug use)
Previous headache history w/ headache progression or change in attack frequency, severity, or clinical features
- **BENIGN EXAM** - but chronic and significant headache - imaging! (MRI)
- **LESION IN THE CEREBelloPONTINE ANGLE**
Vestibular neuroma - if bilateral: NF2 - Schwann cell derived tumor - typically arises from the vestibular portion of the vestibulocochlear nerve/ skull base
meningioma - estrogen responsive with psammoma bodies