



# 1/18/22 Neuro Morning Report with @CPSolvers



Case Presenter: Gabi Pucci (@gabifpucci) Case Discussants: Dharmin Triverdi (@dst2209) and Vijay (@vijaybramhan)

**CC:** Worsening of migraines  
**HOPI:** 35 y/o M presented w worsening of migraines, developed new headache at the temporal region (unilateral) w photophobia and phonophobia- started 15 days ago. Headache lasts 1 and a half hour, pulsatile and throbbing character w/o any aura according to the patient. Has been taking Dipyrone (Metamizole) for it w no relief. Mentions having pain free periods in between headaches. Treated w IV NSaids w no relief in the ER. Not associated w sexual intercourse. Denies systemic symptoms

**PMH:**  
Similar pain for 1 year

**Meds:**  
None

**Fam Hx:**  
No hx of headaches

**Soc Hx:**  
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**Health-Related Behaviors:**  
Smoker for 10 yrs  
Vaccinated for Covid-19

**Allergies:**  
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**Vitals:** WNL  
**Exam:**  
**Systemic**  
**Neuro**

- **Mental Status:** Normal
- **Cranial Nerves:** Moderate pain at the examination site of the Greater occipital nerve on the L side on palpation
- **Motor:** Normal
- **Reflexes:** Normal reflexes
- **Sensory:** Normal exam
- **Cerebellar:** Normal
- **Other:** Well appearing

**Notable Labs & Imaging:**  
**Hematology:**  
**Chemistry:**

**Imaging:**  
**MRI:** Normal study

Lidocaine infiltration led to four pain free days. Afterwards came back with same symptomatology. Was told to go to the ED for O2 if HA recurred.  
Had unilateral lacrimation, eyelid edema, ptosis and miosis with the headache- lasting 5-15 minutes when asked about associated symptoms.  
Patient started on Indomethacin- pain resolved 2 days after initiating treatment

**Diagnosis:** Paroxysmal Hemicrania

**Problem Representation:** 35 y/o M with a history of headache presents with new onset of unilateral temporal continuous headache associated with tenderness at the occipital region.

**Teaching Points (Gabriel): #EndNeurophobia**

- **Approaching worsening of headaches:** pattern change is a red flag
  - **Localization:** primary vs secondary: outside, inside and of head. Unilateral/bilateral.
  - **Patient factors:** Medication compliance, social factors.
- **Localizing the CC:**
  - **Unilateral recurrent headache episodes of 1.5 hours in an adult man:**
    - **Primary:** trigeminal autonomic cephalalgias
      - **Attack duration** (crescendo order): SUNCT/SUNA → Paroxysmal hemicrania → cluster → hemicrania continua). Frequency attacks crescendo order is backwards.
      - Headache related to medication overuse
    - **Secondary:** Presence of a red flag requires work-up → Imaging needed. Vascular, infectious event.
  - **Localized pain in occipital nerve region:** occipital neuralgia, eagle syndrome (due to compression of carotid artery branches)
  - **Unilateral 20 minute headaches with autonomic symptoms and normal imaging:** cluster headache, paroxysmal hemicrania.
- **Finishing the puzzle:** Response to indomethacin points toward paroxysmal hemicrania.