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BRIEF REPORT

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Episodic parieto-occipital idiopathic stabbing headache-like pain: a case report

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Abstract We describe a patient with a variant of idiopathic stabbing headache (ISH). This case differs from ISH by its temporal profile (status-like), its region (extratrigeminal), its lack of association with other types of headache, and the episodic form of pain attacks.

Key words Idiopathic stabbing headache • Ice-pick pain • Headache temporal profile

Introduction

Idiopathic stabbing headache (ISH) is defined as "a pain confined to the head and exclusively or predominantly in the distribution of the first division of the trigeminal nerve" [1]. This headache is designated by various terms, including ice pick-like headache, jolts and jabs headache and sharp-lived headache and ophthalmodynia. The pain is stabbing in nature and lasts for a fraction of a second; it occurs as a single stab or a series of stabs and recurs at irregular intervals (hours to days) [1, 2]. However, Dangond and Spierings reported four patients with ISH lasting a few second [3]. Accompanying autonomic symptoms and signs are absent. This type of pain occurs mainly in migraineurs, but has been described in patients with cluster headache, chronic paroxysmal hemicrania and giant cell arteritis.

We describe a patient with ISH of extratrigeminal location and with an episodic and status-like pattern.

Case report

A 38-year-old woman presented to the headache clinic with stabbing, sharp pain in the right or left parieto-occipital region. She reported multiple episodes that occurred nearly once per minute and lasted each a fraction of a second. The frequency and duration of the headache episodes noted by the patient were once a year and 3 days, respectively, until 2 years ago. These parameters changed during the last 2 years, and episodes recurred 6 times a year, each lasting about 10 days. The headaches sometimes woke her up from sleep. She had no other associated symptoms. There was no prior history of migraine or other type of headache. Analgesic and antiepileptic (valproic acid and carbamazepine) drugs did not influence the firing rate of attacks or severity of pain. The neurological examination was normal. Palpation of the occipital regions and the occipital nerves did not elicit the pain. Cranial magnetic resonance imaging was normal.

When indomethacin (150 mg per day) was prescribed on the third day of the attack, she had a dramatic response with total relief of headaches within 12 hours. She stopped taking the drug 7 days later. She remained symptom free for about 10 weeks, after which she had a recurrence of the attacks and started indomethacin on the first day of the attacks. After 24 hours of taking drug, the symptoms disappeared completely. She has been followed without any symptoms since then.

Discussion

We report a case with an unusual ISH. It differs from usual ISH by its temporal profile (status-like), its region (extratrigeminal), its lack of association with other types of headaches and its regular episodic form of pain attacks. We suggest that this pain is a variant of ISH. This diagnosis based on characteristic clinical findings, namely sharp lightning-like attacks of a well-localized, brief pain responding to indomethacin. In 1995, Martins et al. [4] reported six cases with ISH, an identical, though self-limited, status-like pattern, but with an extratrigeminal location. ISH has not yet been described in the form of episodic or chronic headache.

Other diagnostic possibilities in this case included occipital, great auricular and cervical neuralgias, short-lasting unilateral neuralgiform headaches with conjunctival injection and tearing (SUNCT), chronic paroxysmal hemicrania and cluster headaches.

Occipital neuralgia is characterized by unilateral or bilateral occipital pain radiating to the vertex, forehead or around the eye. It is associated with an area of tenderness over the nerve trunk as it crosses the superior nuchal line, a positive Tinel's sign and hypesthesia in the sensory distribution of the C2 root [5]. This is quite different from the kind of pain reported by our patient. Great auricular neuralgia is an unusual headache felt in the retroauricular region, the angle of the jaw and the shoulder. The pain was not described as a stabbing pain but rather as "bugs crawling" and it responded to carbamazepine [6].

The duration of pain (<1 s) and lack of accompanying autonomic symptoms do not support the diagnosis of SUNCT, chronic paroxysmal hemicrania or extratrigeminal cluster headache [7].

Although the case described is episodic, it cannot be excluded that such episodic headaches could become chronic, like paroxysmal hemicrania and cluster headache. Efficacy of indomethacin should also be double-blindly checked to exclude that the presumed response is not coincidental.

References

1. Headache Classification Committee of International Headache Society (1988) Classification and diagnostic criteria for headache disorders, cranial neuralgias, and facial pain. Cephalalgia 8[Suppl 7]:10–73
2. Raskin NH, Schwartz RK (1980) Ice pick-like pain Neurology 30:203–205
3. Dangond F, Spierings EHL (1993) Idiopathic stabbing headaches lasting a few seconds. Headache 33:257-258
4. Martins IP, Parreira E, Costa I (1995) Extratrigeminal ice-pick status. Headache 35:107–110
5. Pascuel-Leone A, Pascual AP (1992) Occipital neuralgia: another benign cause of "thunderclap headache". J Neurol Neurosurg Psychiatry 55:411
6. Blumenthal HJ (1992) Great auricular neuralgia. Headache 32:413–415
7. Goadsby PJ, Lipton RB (1997) A review of paroxysmal hemicranias: SUNCT syndrome and other short-lasting headaches with autonomic features including new cases. Brain 120:193–209