

POSTER PRESENTATION

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Post-traumatic cluster headache: a clinical phenotype study of 16 patients

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Introduction

Cluster headache (CH) due to head trauma seems to be an extremely rare entity. To date only two cases of new onset CH that fulfill the criteria for post-traumatic headache have been described.

Aims

Describe the phenotype and response to treatments of a series of post-traumatic CH patients.

Methods

Sixteen cases fulfilling the International Headache Society (IHS) criteria for post-traumatic headache with the CH phenotype were identified out of a cohort of 302 CH patients (chronic: 64%) seen between 2007 and 2011. Details on the head injuries, along with clinical information on CH were collected.

Results

Five percent of our sample of patients had CH secondary to head trauma. All patients developed a chronic form of post-traumatic headache. Fourteen patients had chronic CH and 2 episodic CH (M:F=2:1). The median age of onset of CH was 31 years (range: 10-54). Eight patients (50%) reported a correspondence between the trauma site and the CH side. The most frequent circumstances of head traumas included: brawls in 5 patients (31%) and sport accidents in 4 (25%). No atypical clinical features were noticed. Remarkably, 3 patients (19%) had familial CH. Sumatriptan 6 mg injection was effective in 15 patient; high dose and flow rate oxygen was effective in 5 patients. Verapamil was effective in 7 patients.

Conclusion

This is the largest series of post-traumatic CH. This condition does not differ from the idiopathic form in terms of phenotype and response to treatment. The frequent occurrence of head injuries during brawls, may suggest a risk-taking trait in some CH patients. The high proportion of familial CH in this series might suggest that exogenous factors, such as a head injury, may alter the homeostasis of the trigeminovascular system giving rise to CH particularly in genetically susceptible individuals.

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