

Gerard M. Lehrer

Sir:

this is regarding the brief report concerning cluster headache with aura by Martínez-Fernández et al. [1].

In 30 years of experience as codirector of the Headache Clinic at the Mount Sinai Hospital, New York and as a former sufferer from periodic cluster headache (CH) from age 18 to 48, I want to add the following observations both from personal experience and from about 50% of male CH patients. When in a cluster, I would often have a psychological aura for about 5–15 minutes prior to onset of pain. Whatever my activity was at the moment, pleasant or routine, I would get a distinct sensation of not wanting to “be there” and frequent yawning. Also, the onset of a cluster frequently occurred after periods of intense activity when I accomplished much in a short time and then felt I could relax and “sit back on my laurels”. The headache pattern in a cluster was typical, almost daily, always right periorbital and supraorbital, with lacrimation and rhinorrhea on the affected side, crescendo and intense, ameliorated by right carotid compression and intravenous administration of 0.25 mg ergotamine tartrate, and self-limited to 20–40 minutes. This type of “aura” could be elicited from patients only by close and pointed questioning. A review of the literature on CH has not encountered this description. However, discussions

with colleagues have often elicited agreement with these observations.

Reference

1. Martínez-Fernández E, Alberca R, Mir P, Franco E, Montes E, Lozano P (2002) J Headache Pain 3:105–110

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Comment to Dr. Lehrer's letter

My personal experience demonstrated that when CH patients of either sex were specifically questioned, they mentioned prodromal symptoms preceding most attacks, whereas a few patients referred premonitory symptoms prior to the episodic cluster period.

Warning symptoms in CH have been well described by Blau and Engel [1]. These symptoms were divided into prodromes that started minutes before the appearance of pain in individual attacks and premonitory symptoms which preceded the onset of a cluster period from 1 day to 8 weeks. Mood and neurological disturbances, such as disorientation and yawning, are frequent premonitory symptoms. Sjaastad [2] in his personalized account described feelings of elation and heightened energy several hours before an attack.

External factors such as weather and life habits such as stressful

events can be viewed as entraining factors of the CH active phase. Warning symptoms of CH probably take place in the central nervous system, particularly in the hypothalamus, where premonitory symptoms of migraine attacks likely occur. In fact, about 30% of CH patients have a personal or family history of migraine, thus suggesting a genetic predisposition to primary head pain [3]. In addition, migraine aura is described in association with CH attacks. It is quite possible that aura symptoms occur in CH patients who carry an aura susceptibility gene which seems to be closely related to the migraine headache gene.

Understanding the warning symptoms of CH, therefore, could provide us with clues on the pathogenetic mechanisms of this primary headache.

References

1. Blau JN, Engel HO (1998) Premonitory and prodromal symptoms in cluster headache. *Cephalalgia* 18(2):91–93
2. Sjaastad O (1992) Cluster headache syndrome. In: Walton F, Warlow CP (eds) *Major problems in neurology*. WB Saunders, London, pp 45–48
3. Bahra A, May A, Goadsby PJ (2002) Cluster headache: a prospective clinical study with diagnostic implications. *Neurology* 58(3):354–361

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