

CASES FOR AAN HIGH AND LOW PRESSURE HEADACHES 2017

Do I need a shunt? (KBD)

Cc: Headache

35 year old woman, student in education

She has a family history of migraine, depression, and obesity in her family. She was car sick as a child. Her first headache occurred in grade school. She developed “pressure headaches” in her 20s. In her 30s she became light sensitive and nauseated with her headaches which would start in the back of her head and go around to her eyes. In September she began having daily left temple headaches. They start as an ice pick to the back of her head and would last 1 hour to 2 days with some ptosis on the left side and numb feeling in the face. She had no noise sensitivity, but she was light sensitive and had nausea and occasional vomiting.

Her vision is normal except for floaters. She has no transient venous obscurations. Sometimes she has tinnitus, but it is not pulsatile.

She uses no oral contraceptives, IUD, vitamin A, tetracycline.

She snores at night and has had weight gain since she got married.

Her MR scan showed a partially empty sella. LP showed opening pressure 275, 0WBC, 7 RBC, glucose 64, protein 32. Headaches got better after the tap for 2 days. Other labs: CBC, TSH, ESR normal.

Medications tried: Diamox caused her tongue to swell; Topamax caused her not to sleep, Lasix caused itchy hands and swollen feet.

PMH: thyroid disease; superficial vein thrombosis after a varicose vein procedure, arthritis

Current medications: ibuprofen prn; synthroid, meloxicam 15 mg each day for arthritis; prenatal vitamins. Prednisolone 5 mg prn severe headache; tramadol 50 mg every 6 hours.

Examination: 107/58, HR 87, Ht 167.6 cm (5’6”), Weight 217 lbs BMI 35 kg/m²

Visual acuity 20/20 OU; no RAPD, Visual fields normal; color plates 9/9; stereo slightly reduced

Fundus examination : normal

Neurological examination normal

Does she need a shunt?

Case: this is migraine right?

A 26 year old woman with a family history of migraine started having headaches associated with light and sound sensitivity, nausea and vomiting when she was in her teens. Fortunately they were not very frequent and she had these once every month or so. She slowly developed more headaches. She was referred by her father, an ophthalmologist and headache sufferer—“what is going on? Why are these headaches so bad?”

She currently has a daily headache with no light and sound sensitivity, but about one-two times each week she lies down with a bad headache.

Examination is normal.

She saw a neurologist elsewhere who said she had a mild Chiari malformation

She is in law school, raising a family, and needs to get on with her life.

What should we do?

Case of the fire-fighter

A 34 year old fit firefighter had a family history of migraine and he himself had headaches since age 12 occurring about once weekly and the pain could be dull to severe associated with nausea and light sensitivity—these continued until end of high school. About age 30, he developed a visual disturbance of pulsing lights followed by the headache. He had to fight a fire in Arizona for 12 days and he developed continuous headache pressure and ringing in his ears. He also had double vision but he was unsure if this was monocular or binocular. In evaluating his headaches an MR was done and this was normal. He had a lumbar puncture with an opening pressure of 240 mm CSF and this made his headache better. His eye examination revealed no papilledema. He tried acetazolamide but this caused tingling and suicidal ideation. Because the headaches were so severe, he underwent a ventriculo-peritoneal shunt—and headaches improved somewhat, but when the headaches recurred a second shunt was revised. He then had a second ventriculo-peritonea shunt placed and he felt better for 6-9 months. When the headaches recurred, a third, lumbar peritoneal shunt was placed. This seemed to help for a while. However, then the headaches were back with vengeance—addition of topiramate didn't help. He had black outs and dizziness; an EEG was normal. He was referred for further evaluation. Currently he has headaches which are better when he is lying down and he is unable to work. He is also very depressed.

He sleeps about 4-6 hours and also has restless legs; he snores. He has had depression and been on Zoloft. He has a strong family history of depression. He is married and smokes or chews tobacco. Current medications: Excedrin migraine 2-4 tablets every other day for 4 years, ibuprofen 200 mg as needed, protonix; sertraline 100 mg; topiramate 50 mg twice daily

What should be done?