MTC

Headache.

Trigeminal neuralgia ← Primary (Without Cause)

→ Secondary (With underlying Cause).

Migraine

Usually the second most common type of Headache, easily diagnosable by history.

Triggers

- Smell of Cigaratte smoke
- Foods → Cheese, chocalate, Wine
- Sleep → Too much or Too less.
- Women → During menses, oestrogen containing Contraceptives
- Psychological stress.
- Beginning on Friday evening or a holiday.

Pathophysiology - Unknown.

Neurotransmitter (Serotonin)

↓ Increases during aura

↓ Vasoconstriction

↓ Cortical depression.

↓ Hypersensitive to light, sound, smell.

↓ Decreases during attack.

↓ Vasodilation

↓ Trigger Pain receptors.

Clinical Features

Onset → Gradual onset. (30 - 120 mins) Preceded by irritability, Depression Fatigue.

Duration → Last for < 24 hrs, Recurrent within weeks or months free.

Before :- Aura (Classical migraine) - 20%.
- Strange smells (osmophobia).
Sounds (Phonophobia) Small light (Photophobia)
- Visual disturbances. (Zig zag lines, Temporary Visual Field loss.
During → Pounding, Pulsating, pain phobia.
After → Sore pain at site
Modality ↓ movement, > quiet, dark Room.
Concomitant → Nausea and vomiting.
Location → One sided headache.
Investigation →
Management → CT & MRI to neglect CT/MRI.
- Avoiding triggers or contraceptive pills.

Cluster Headache
(Migrainous neuralgia)

- Usually less common with male predominate

Pathophysiology
- Unknown Causation,
- Abnormal hypothalamic activity is seen.
- Usually the patient are smokers and alcoholic

Clinical Features
Location → Periorbital region; Unilateral.
Onset → Sudden, striking, occuring at a regular time in a week, awakening the person from sleep → "Alarm clock Headache"
Duration → 30 - 120 mins, with clusters of 1 - 4 times/day; For weeks to months years.

Sensation

→ Shooting, Stabbing around one eye.
→ Autonomic symptoms (Swollen Eyelid, Red Eye, Tearing, Running nose)
→ Horners Syndrome: (Triad).
↳ Ptosis, Miosis, Anhidrosis.

Concomitant

⇒ Agitated.

Management ⇒ Inhalation of 100% oxygen.

Tension Headache

- Most common type of Headache.
- Milder Version of Migraine.

Pathophysiology → Unknown.

- The name was given for the muscle tension but was dismissed.
- Anxiety about attack itself continues the symptom

Triggers: Stress, lack of sleep, Dehydration. Alcohol, Late

Clinical Features

Sensation - Dull, tight, or Pressure, with sensation of a band around the head applying constant pressure.

Location - Circumbaized or radiates from occipit.

⇒ Last for a few hours.
⇒ No aura, vomiting, or photophobia.
→ NO disabling of the patients.
→ Tenderness in the skull vault of occipit.

Management → Physiotherapy, muscle relaxation.
Other management.

Secondary Headache.

① Intracranial bleeding
(Subdural hematoma, Intracranial, Subarachnoid).
② ↑ Intracranial pressure
→ Brain Tumor, Idiopathic Intracranial Hypert.
③ Infection (Meningitis, Encephalitis, Brain Abscess)
④ Inflammation → (Vasculitis, Temporal arteritis)
⑤ Referred pain from other structures.
(Orbit, Neck, Temporomandibular Joint).
⑥ Medication over use.

Investigation

→ Lumbar Puncture, CSF
→ CT angiogram, CT, MRI,
→ ↑ ESR,
→ Glasgow Coma Scale,