

TYPE OF HEADACHE IN PATIENTS WITH CHRONIC CEREBRAL ISCHAEMIA (CCI)

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Introduction: Venous discirculation plays a role in CCI progress; sometimes it is caused by constitutional factor.

Materials and Methods: 209 patients CCI (52±10,7 years) are divided into groups: 93 (44,5%) with constitutional phlebopathy (CPP) and 116 (55,5%) none-phlebopaths (NP). The control group - 30 persons.

Results: 86,1% of patients complained about headache. CPP suffered from occipital (57,1%) or diffuse (38,4%) headache at night and in the morning (83,8%). The characteristics of the pain: "heavy head" (48,4%), "lead head" (26,9%), "head as a bell" (29,0%), burst-head-open pain (26,8%). The main cephalalgia initiating agents were: breath-holding (38,4%), working in bending (31,2%), rugged weather conditions (10,8%), alcohol (9,7%), coughing, loud speech, laugh (58,1%). Headache decreased after getting up, activation, strong tea or coffee, contrast douche. For NP certain headache is typical: occurring in the afternoon (72,3%), after psychological stress (59,6%), continuous forced attitude of head and neck (66,0%), hooping (37,1%), compressive pain (35,3%).

Conclusion: The CCI clinical presentation depends not only on disease stage, but also on presence/absence of constitutional venous insufficiency. Thus, diurnal dynamics of headache, connected with continuous horizontal position while sleeping and venous drainage (VD) worsening; localisation in the projection of intracranial veins confluence; characteristics, that are typical for intracranial venous pressure increasing; initiating agents, relating to VD worsening; headache decrease at VD improvement in plantigrade position and sympathetic system activation, proves headache vascular genesis in CPP patients.

The types of headache in NP correspond to tension headache.