Introduction: Multiple sclerosis (MS) patients often suffer from headaches. Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT) is among the rarest of headache syndromes.

Purpose: To present a patient suffering from MS and psoriasis, who was admitted with extremely severe clusters of headache, which turn to be an MS relapse.

Methods: This is a retrospective chart review of one patient with MS and psoriasis. He presented to outpatient MS clinic with attacks of SUNCT, lasting for about 20 seconds each and coming in bouts many times per day.

Results: A 38-year-old man presented with a short history of severe headache. He described stabling severe right frontal and retro-orbital pain, with tearing, redness and mild rhinorrhoea. There was pain in the occipital area and behind the ear. There was no history of migraine, neither in the patient nor in his family. On examination, there were no new signs of relapse, except severe headache. Since the patient was also suffering from psoriasis, we thought that might be arthritis of the cervical spinal cord (SC), but it turned to be a Gd-enhancing lesion in that area.

Conclusions: To stress that a new active lesion in the cervical SC could increase parasympathetic outflow and activate trigeminal pathways, resulting in pain.