

THE ASSOCIATION OF CLUSTER HEADACHE AND SYMPTOMATIC TRIGEMINAL NEURALGIA – CASE REPORT

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Introduction: Cluster headache is characterised by unilateral, intermittent, recurrent, short-lived severe pain in orbito-temporal area along with unilateral autonomic symptoms (lacrimation, rhinorrhea). Painful attacks usually have circadian and circannual rhythmicity and they are rarely associated with trigeminal neuralgia.

Case report: A 46-year old female patient had three episodes of cluster headaches which lasted for a month and were repeated biannually. The pain was in right orbitotemporal area, it was strong, sharp, occurred around 16:30 min., lasted for 15-30 min., repeated at 6-8 occasions and stopped around 23:30. During the pain attacks patient was experiencing ipsilateral lacrimation and nasal congestion (autonomic dysfunction). Patient was restless and constantly in motion. She was treated with prednisone and verapamil until the symptoms were gradually removed. Three months after the last episode she experienced severe, sharp pain in right side trigeminal nerve innervation (first and second branch) which intensified during speaking, chewing, face washing and touching. MRI and MRI angiography of the brain showed aberrant superior cerebellar artery which irritates proximal segments of right trigeminal nerve. She was successfully treated with oxcarbazepine and her pain was significantly reduced.

Conclusion: Cluster headache has a characteristic clinical features and specific treatment in regard to other headaches. Occasionally cluster headaches are associated with symptomatic trigeminal neuralgia which makes them challenging in terms of differentiation and treatment.