



Headaches + Facial pain

Introduction:

- Each of us experienced sporadically/
chronically headache
- 40% worldwide population suffers with severe,
disabling headache at least annually
- Common ailment
- Presenting symptom of *benign course
*life-threatening

Evaluation:

- Complete history – age, rate of onset, intensity, quality, location, duration + response on Rx
- Pressure-like pain –chamber derived pain
- Sharp/ shooting pain –neuritic pain
- Throbbing pain – vascular pain
- Burning/ aching – muscular pain

Continue:

- Associated symptoms – N + V, fever, diplopia, syncope, photophobia, neck stiffness
- An aura present
- Precipitating factors - head movements, stress, medications, alcohol
- Past medical history – head injuries, intracranial infections/processes, past surgeries

Examination:

- Complete head + neck examination (BP)
- Neurological examination + cranial nerves
- Eyes with fundoscopy
- Temporomandibular joint (TMJ)
- Teeth + trigger points in muscles
- Psychometric testing

Investigations:

- Lab tests – FBC, U+E, ANCA, RF, ANF
- EEG – findings on neurologic examination
- EMG – primary muscle disease/ neuropathy
- Radiographic – X-ray of TM-joint
 - X-ray of cervical spine
 - CT / MRI

Tension-Type Headache:

- Most common 69% - M; 88% - F
- Types – Episodic < 15 days/ month
 - Chronic > 15 days/ month
- Last 30min- 7 days, mild to moderate, pressing or tightening, not limit activities
- Rx: 1) Stress reduction + physical exercises
2) Low Benzo/ Amytriptilline/ NSAIDS

Migraine:

- Most studied + high incidence of limitation of productivity + loss quality of life
- Onset 2nd-3rd decade
- Moderate to severe, pulsating for 4-72 H
- With/ without aura + triggering factors
- Rx: 1)5-HT receptor(Sumatriptan),Ergotamine
2)Prochlorperazine, SSRI, B-/ Ca-blockers,
Botox, NSAIDS

Cluster Headache:

- Known as suicide headache
- Intensely severe, burning unilateral in orbit / supraorbital/ temporal area 15-180 min
- Associated with autonomic hyperactivity
- Male dominance, with alcohol use
- Rx: 1) Ca-blocker, Ergotamine, Lithium for 6-8 weeks then taper

Temporal arteritis:

- Daily headaches of moderate to severe continuous intensity, scalp sensitivity, fatigue
- 95% > 60yrs with dilated arteries on scalp
- ↑ESR + artery biopsy in area
- Rx: 1) High dose of steroids dramatic decrease in headache + taper
2) Active disease for 2 yrs

Chronic daily headache:

- CDH occurring 6 days/ week for 6 months
- Bilateral frontal/ occipital non-throbbing moderate to severe headache most of day
- Rx:1)High dose steroids prevents vision loss

Trigeminal Neuralgia:

- Also tic doloureux- paroxysmal pain attacks lasting few seconds to less than 2min
- Severe + distributed along branches of CN V with sudden, sharp, intense burning pain
- Between attacks no facial numbness/ taste/ smell
- Precipitate with eating/ talking/ washing face
- Rx: 1) Carbamazepine, TCA, NSAIDS, surgery when medical Rx failed

Glossopharyngeal Neuralgia:

- Pain attacks in distribution of CN IX
- Unilateral in post. pharynx, soft palate, base of tongue, ear, mastoid or side of neck
- Precipitate by swallowing, yawning, coughing or phonation
- Rx: 1) Carbamazepine, TCA, NSAIDS, surgery when medical Rx failed

Post-traumatic Neuralgia:

- Trauma induce pain syndromes to neuroma
- Occipital/ parietal regions most common
- Neuritic pain (sharp/ shooting pain)
- Poor wound closure, infections, FB, hematoma
- Begins 2-6 months after injury
- Rx: 1) Carbamazepine, TCA, NSAIDS, BOTOX
2) Surgical excision

Post-herpetic Neuralgia:

- Pain persists 2/> months after skin eruption of varicella-zoster virus
- CN V 2nd most common
- Rx: 1) Anticonvulsants with TCA/ baclofen

Temporomandibular Disorders:

- Temporal headache, otalgia, facial pain + limited jaw opening
- Spontaneously(60%), Event (40%)
- Classify – Internal derangements
 - Degenerative joint disease(DJD)
 - Myofascial pain
- Rx:1)Physiotherapy + NSAIDS

Pseudotumor Cerebri:

- Intermittent headache of variable intensity
- CN VI palsy/ NAD
- Papilloedema + high CSF pressures
- Rx: 1) Acetazolamide + Furosemide

Intracranial Processes:

- Primary/ Metastatic tumours 30% present with headache
- Dull, lateralized + mild with increasing intensity + frequency
- SDH- fluctuating level of consciousness with moderate headache
- SAH- sudden onset of severe generalized headache

CNS Infection:

- Headache, fever, neck stiffness, photophobia
- Include epidural abscess, fungal, TB, AIDS, autoimmune disease(sarcoidosis)
- Dx:1)LP with CSF studies
2)CT/ MRI
- Rx:1)Appropriate IV A/B

Hypertension:

- Chronic untreated hypertension cause headache
- Diastolic pressure >115 mmHg
- Throbbing with nausea
- Rx: 1) Antihypertensive
2) Investigate for complications

Acute Sinusitis:

- Constant, dull + aching headache
- Worsened with head movements forward
- Over inflamed mucosa + refer to other areas in face and neck
- Dx: 1) Nasal endoscopy + CT of sinusses
- Rx: 1) A/B + Decongestants
2) Surgical drainage needed/ not



The end

