Supplement · Volume 27 · October 2006

Neurological Sciences

Founded by
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Official Journal
of the Italian
Neurological
Society

SUPPLEMENT

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ABSTRACTS

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localized in the periorbital left region. The pain was excruciating and accompanied by ipsilateral conjunctival injection, lacrimation, nasal congestion and ptosis. The attacks occurred 2–3 times a day each lasting for about 2 hours. Two days before our observation he experienced an attack similar to the previous but lasting 12 hours, after the attack he noticed a persistent left ptosis. Neurological examination revealed ptosis and miosis in the left eye. An ecoDoppler of extracranial vessels and a cerebral MRI were negative. An angio-CT showed the presence of dissection of the left ICA at the passage between the extra and intracranial part of the artery. A cerebral angiography confirmed the dissection. The patient was treated with antiaggregant therapy. During the subsequent days he did not present further attacks. A control angio-CT performed two months after the onset of symptoms was substantially unchanged, the patient did not complain of any other painful episodes.

Discussion Our patient initially presented attacks typical of cluster headache, however atypical findings including the presence of a long lasting attack (12 hours) and the persistence of a partial Horner's syndrome led us to investigate a secondary origin. Neuroradiological investigations revealed a dissection involving the extra-intracranial passage of the ICA confirming a symptomatic form of CH. Four cases of ICA dissection with cluster-like features are reported in literature, 3 were associated with a dissection of the extracranial part of ICA and one with intracranial dissection. To our knowledge this is the first case of cluster-like headache associated with an ICA dissection involving the extra-intracranial passage. The IHS criteria for CH require exclusion of symptomatic headache by appropriate neurological examination and diagnostic workup. In this case, despite the negative findings of direct brain MRI and of the ultrasound study, the decision to perform further neuroimaging investigations was dictated by the atypical characteristic of a pain attack and by the positive findings at neurological examination. Our case stresses the importance of extensive investigation in CH when atypical features are present.

CLUSTER-LIKE HEADACHE DUE TO CAROTID DISSECTION: A CLINICAL CASE

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The Headache Classification Committee of International Classification Society (2004) defines the diagnostic criteria of headache attributed to carotid artery dissection. Even if headache is described as usually unilateral (ipsilateral to dissected artery), severe and persistent pain doesn't have specific constant feature. Headache may give problems in differential diagnosis with primary headache as tension-type headache, migraine and seldom cluster headache. We describe a case of carotid artery dissection in a 49-year-male whose main symptom was cluster-like pain. GV was admitted complaining daily attacks of severe unilateral headache localized behind and around the right eye. The pain radiated to the forehead and right temple. During the attack the patient presented lacrimation and conjunctival injection. The neurological exam was normal with the exception of a Horner's syndrome ipsilateral to the pain. The patient referred multiple minor head traumas in the last months and the abuse of cocaine. Brain MRI with MRA showed dissection of the right internal carotid artery in absence of ischemic lesions. Prothrombotic screening was negative. The angiography of renal arteries was normal and cerebral angiography confirmed the presence of carotid dissection without vascular anomalies suggestive for fibromuscolar dysplasia. The patient was treated with heparin and warfarin for the carotid dissection and with steroid and analgesic for cluster-like headache. Oxygen therapy (10 l/min) didn't work in reducing pain. A unifying pathophysiologic explanation of cluster headache is not available. The cluster-like headache due to a carotid dissection points out the role of sufferance of postganglionic sympatic fibres in the determination of this pain.

EFFECTIVENESS OF INTEGRATED APPROACH IN THE PROPHYLACTIC TREATMENT OF CRONIC TENSION CEPHALEA

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Introduction Retrospective study of patients from our clinics, suffering from Chronic Tension Cephalea, diagnosed in accordance with the criteria of the international ICHD-II classification, code 2.3 (OMS G44.2). The purpose of this study is to demonstrate the effectiveness of an INTEGRATED pharmacological and non pharmacological approach compared with an approach that is exclusively pharmacological.

Materials and methods We selected 14 pts. suffering from CTC. 0 M and 14 F, average age 33 (15–59)±14.1, who used an integrated prophylactic therapy, compared with 14 pts. suffering from CTC. 1 M and 13 F, average age 33 (13–50)±11.7, treated solely with medications. The study was carried out over a period lasting from 60 to 180 days. The patients using the integrated approach received daily medication in addition to a weekly session of relational systemic psychotherapy consisting of individual and familial meetings (7 pts.) or osteopathic treatment consisting of craniosacral therapy and visceral manipulation (7 pts.). The patients in the control group (14) underwent only a daily pharmacological prophylaxis. The clinical diary regarding the cephalea of each patient was reviewed to determine the number of crises per month and to monitor the percentage decrease of crises.

Results The patient group on pharmacological prophylaxis only had an average percentage decrease of 64% in the number of headaches per month. The patient group using the integrated approach with weekly psychotherapy had an average decrease of 88%; while the patients who underwent craniosacral/visceral manipulation treatment had an average decrease of 92%. The comparison of the two treatments indicated a statistically significant decrease ($p<0.005$).

Discussion and conclusion The integrated approach in patients with Chronic Tension Headache has a more effective result that the pharmacological approach only, as it effects treatment motivation, therapeutic reliability, compliance and the consequent improvement of quality of life

FAMILIAL TRIGEMINAL NEURALGIA: A CASE REPORT

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Trigeminal neuralgia (TN) is paroxysmal, lancinant pain often described as "electric wave" by patients, with involvement of the divisions of the fifth cranial nerve. Demyelinating , compressive, ischemic diseases are involved in fisiopathology of disease, but there are some case without explanations. Familial TN is a rare condition, about 1–2% of all TN cases, while sporadic instances are the most common. To date, there are few description in literature of familial TN. We report a case of a 66 year old-man who, 3 years ago, developed right-sided paroxystic lancinating pain in the second division of the fifth cranial nerve. A brain magnetic resonance with angiographic sequences not showed neurovascular conflicts or underlying pathological conditions. This patient had a family history of TN, which had been diagnosed in 3 other family members (father, sister and first cousin), who underwent medical or surgical treatment for TN. The whole family had no history of hypertension, metabolic disorders, neurological or traumatic diseases. Some recent studies, using rats, have found a probable involvement of some genes, codifying for some calcium channels as initial alterations in trigeminal excitability. Moreover, involvement of proenkephalin A has been postulated in trigeminal sensory transmission of pain. Our familial TN could be a good model to investigate the role of genes mutations.

EFFICACIA DELL'APPROCCIO INTEGRATO NELLA PROFILASSI DELLA CEFALEA TENSIVA CRONICA

B. Ciccone[1], G. Griso[2], S. Lenzuolo[3]

Poster n. 620

INTRODUZIONE

Studio retrospettivo su pazienti afferenti ai nostri ambulatori, affetti da Cefalea Tensiva Cronica diagnosticata secondo i criteri della classificazione internazionale ICHD-II codice 2.3
Scopo dello studio dimostrare l'efficacia di un APPROCCIO INTEGRATO farmacologico e non famacologico (A.I.), rispetto ad un approccio esclusivamente farmacologico.

PARTECIPANTI e METODI

14 pz 0 M, 14 F - età 33 (15-59) con CTC, che hanno usato l'A.I.

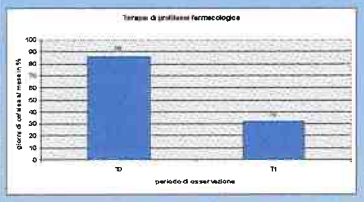
14 pz 1 M, 13 F - età 33 (13-50) con CTC, trattati solo con famaci

Lo studio riguarda un periodo di osservazione di 180 giorni. I pazienti dell'approccio integrato erano sottoposti a terapia farmacologica quotidiana di profilassi e ad una seduta settimanale di psicoterapia sistemico relazionale con incontri individuali e familiari (7 pz) o di trattamento osteopatico, costituito da terapia cranio sacrale e manipolazione viscerale (7 pz). I pazienti di controllo (14) effettuavano solo terapia farmacologia quotidiana di profilassi.

E' stato valutato il diario clinico della cefalea di ogni paziente, ricavandone il numero di crisi mensili, al fine di monitorare la percentuale di riduzione delle crisi .

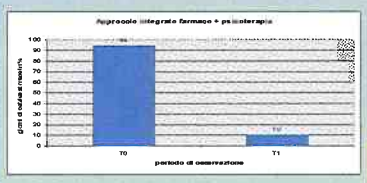
RISULTATI

NOMINATIVO	GIORNI AL MESE	GIORNI DI CRISI MENSILI ALLA PRIMA VISITA T0	%	GIORNI DI CRISI MENSILI AL CONTROLLO T1	%	Differenza giorni totali crisi T0 - T1	%
A. C.	30	16	53	2	7	14	47
C.A.	30	20	67	4	13	16	53
C.G.	30	30	100	8	27	22	73
F. B.	30	15	50	5	17	10	33
F. P.	30	27	90	15	50	12	40
F. M.	30	22	73	2	7	20	67
M. S.	30	30	100	3	10	27	90
P. G.	30	30	100	4	13	26	87
D'A.M.	30	30	100	10	33	20	67
C. F.	30	30	100	10	33	20	67
V. G.	30	30	100	16	53	14	47
A. L.	30	28	93	15	50	13	43
V. F.	30	30	100	16	53	14	47
MEDIA							54

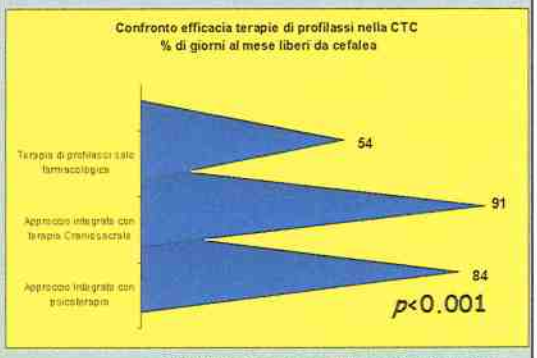


NOMINATIVO	GIORNI AL MESE	GIORNI DI CRISI MENSILI ALLA PRIMA VISITA T0	%	GIORNI DI CRISI MENSILI AL CONTROLLO T1	%	Differenza giorni totali crisi T0 - T1	%
F. C.	30	30	100	10	33	20	67
D. F.	30	30	100	0	0	30	100
C.M.	30	30	100	3	10	27	90
A.M.	30	30	100	3	10	27	90
P.A.	30	30	100	0	0	30	100
M.A.	30	30	100	3	10	27	90
T.M.	30	30	100	3	10	27	90
vuota							
MEDIA							91

NOMINATIVO	GIORNI AL MESE	GIORNI DI CRISI MENSILI ALLA PRIMA VISITA T0	%	GIORNI DI CRISI MENSILI AL CONTROLLO T1	%	Differenza giorni totali crisi T0 - T1	%
F.A.	30	30	100	16	53	14	47
V.V.	30	30	100	4	13	26	87
S.A.	30	30	100	0	0	30	100
M.C.	30	30	100	0	0	30	100
S.M.	30	30	100	0	0	30	100
C.G.	30	30	100	0	0	30	100
C.M.	30	30	100	2	7	28	93
MEDIA							84



I pazienti sottoposti alla sola terapia farmacologica di profilassi avevano una percentuale di riduzione media del numero di crisi di mal di testa al mese pari al 54%.
Nei pz sottoposti all'A.I. con trattamento cranio-sacrale/manipolazione viscerale la percentuale era del 91%;
Mentre per i pz sottoposti all'A.I. con con psicoterapia settimanale la percentuale era del 84%.



CONCLUSIONI

Nella profilassi dei pazienti con C. T. C. l'A.I. produce un risultato più efficace rispetto alla sola terapia farmacologica, in quanto incide sulla motivazione al trattamento, sull'affidamento terapeutico, sulla *compliance* e sul conseguente miglioramento della qualità di vita

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XXXVII Congresso della Società Italiana di Neurologia
Bari, 14 - 18 Ottobre 2006