▪ Headache Medicine 2026, Supplement ▪ p-ISSN 2178-7468, e-ISSN 2763-6178

Headache Medicine

ID: 171

Hemicrania continua and temporomandibular disorders: overlap of chronic painful conditions and tinnitus as a reflex symptom

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Introduction
Hemicrania continua is a primary trigeminal autonomic headache described as a persistent, strictly unilateral pain associated with ipsilateral autonomic signs such as conjunctival injection, lacrimation, nasal congestion, rhinorrhoea, forehead and facial sweating, miosis, ptose, and/or eyelid oedema, and/or restlessness or agitation. Tinnitus is the conscious perception of a sound without a corresponding external acoustic stimulus, of multifactorial etiology, and primarily linked to peripheral and central auditory alterations. In turn, temporomandibular disorder (TMD) encompasses a cluster of clinical conditions involving the masticatory muscles, the temporomandibular joint (TMJ), and associated structures, mainly characterized by facial pain, limited jaw movement, and joint noises. The correct identification and meticulous differential diagnosis of orofacial pain are of paramount importance in clinical practice, since the overlap of these chronic painful conditions frequently mimics or masks primary headaches. Failure to recognize these intersections perpetuates misdiagnoses and delays proper treatment for decades, prolonging patient suffering.

Case presentation
A 47-year-old female patient, with a prior diagnosis of fibromyalgia, sought care at a TMD and Orofacial Pain clinic with multiple painful complaints. She presented with daily, bilateral, sharp pain in the jaw and during mandibular function (worse on the left side), alongside a severe (VAS 10/10) pulsatile left-sided tinnitus accompanied by aural fullness for 6 months. A detailed medical history revealed a second overlapping, never-before-diagnosed painful condition: a left-sided headache with a 23-year history, pulsatile and stabbing in nature (VAS 10/10), accompanied by ipsilateral nausea, vomiting, nasal congestion, and rhinorrhoea. Following physical examination, she was diagnosed with myofascial pain with temporomandibular and cervical reference, left TMJ capsulitis, awake bruxism, subjective tinnitus, and hemicrania continua (remitting subtype). Treatment included a multimodal approach for TMD (pain education, awake bruxism guidance, sleep hygiene, thermotherapy, mandibular exercises, and cervical stretching) and a prescription of Indomethacin (25 mg/day) for hemicrania continua. After 30 days, complete remission of the headache and significant improvement in both tinnitus and orofacial symptoms were observed.

Discussion
This clinical case reinforces that tinnitus, beyond its classical otological etiology, can manifest as a reflex symptom or comorbidity of craniofacial painful conditions and trigeminal autonomic headaches, sharing pathways of central convergence and pain modulation that go underdiagnosed in the absence of specialized multiprofessional evaluation.

Conclusion
Integrated multimodal and multidisciplinary care is crucial to identify overlapping disorders and optimize outcomes in complex craniofacial pain patients.

Keywords:
Trigeminal autonomic cefalalgias
Hemicrania
Temporomandibular joint disease
Tinnitus

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