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Nummular headache: a case report on the investigation of circumscribed cranial pain

Maria Eduarda Parente Campos, Thayanne Reis Barbosa de Santana, Gustavo Ubirajara Cunha Santos Filho, Maria Clara Figueiredo Cabral, Luílla Araújo Magnavita Jacobina, Taís Xavier de Oliveira Souza, João Pedro Figueiredo de Almeida, Julia Passos Aguiar, Júlia Maria da Silva Cahino Pereira, Gabriel Figueiredo de Almeida, Ana Carolina Figueiredo Siqueira, Helton Benevides Santana de Oliveira, Raphaella Moura Cardoso

Tiradentes University, Aracaju, Sergipe, Brazil

Ana Carolina Figueiredo Siqueira
ana.fsiqueira@souunit.com.br

Introduction
Nummular headache is a rare primary headache syndrome characterized by pain localized to a circumscribed area of the scalp. The term "nummular" derives from the Latin nummulus (coin), reflecting the characteristic shape of the painful area. Although first described in 2002, it remains underdiagnosed due to its similarity to other primary headaches and cranial neuralgias.

Case presentation
Patient D.L.P.R., male, 40 years old, sought neurological evaluation due to a new headache localized in the occipital region, distinct from his previous pattern of retro-orbital headache characteristically triggered by stress. The current pain presented a circumferential shape and stabbing quality. Episodes occurred between 16 and 20 times per month, remaining predominantly mild in intensity, with periods of spontaneous exacerbation. Symptomatic improvement was reported following the use of dipyrone or Neosaldina. The patient denied associated nausea, vomiting, photophobia, phonophobia, and osmophobia. Neurological examination revealed no abnormalities. A non-contrast cranial computed tomography scan was performed, demonstrating a small old ischemic lacune or enlarged perivascular space in the right nucleocapsular region measuring 1.1 cm, without other significant structural abnormalities. Based on the clinical characteristics, the diagnostic hypothesis of nummular headache was formulated. Indomethacin was prescribed, and a contrast-enhanced cranial computed tomography scan was requested for further diagnostic evaluation.

Discussion
Nummular headache is characterized by pain localized to a fixed and well-defined area of the scalp, usually circular or oval in shape, ranging from 1 to 6 cm in diameter. It may present a chronic or episodic course, frequently with a pressure-like quality. The mean age of onset is 46.9 years, with a slight female predominance. The present case exhibits classic features of the condition, including fixed occipital localization, the possibility of precise delineation of the painful area, frequent recurrence, and the absence of associated autonomic or migrainous symptoms. Diagnosis is essentially clinical, and complementary investigations are required to exclude secondary causes, particularly in patients with recent-onset pain or progressive worsening. In the present case, cranial computed tomography revealed only a nonspecific finding with no correlation to the pain syndrome. Differential diagnoses include occipital neuralgia, tension-type headache, migraine, and secondary structural headaches. Indomethacin was selected as the initial therapy due to the response described in a subset of patients with localized primary headaches.

Conclusion
The present case reinforces the importance of detailed history taking and physical examination, as well as the exclusion of secondary causes through appropriate complementary investigation. Early diagnosis enables targeted therapeutic management and improves the quality of life of affected patients.

Keywords:
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