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Airplane headache: a case report

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Introduction
Airplane Headache (AH) is a relatively rare primary headache disorder triggered during air travel. It is defined by spontaneous improvement within 30 minutes after the ascent or descent of the airplane is completed, and/or by worsening in temporal relation to the airplane's ascent after takeoff and/or descent before landing. It is characterized as frequently severe, unilateral, and orbitofrontal, with a jabbing or stabbing quality, without autonomic symptoms, and it tends to resolve after landing.

Case presentation
A 51-year-old female patient, born and currently residing in Guarapuava (Paraná, Brazil), farmer, married, with two children, and no prior comorbidities, presented to the clinic. Since 2005, the patient has taken several airplane trips, consistently complaining of severe pulsating frontal headaches during flights. She denied any other associated symptoms during or following the headache; however, due to her concern regarding the presented symptomatology and an upcoming scheduled flight, the patient sought clinical care for further evaluation. The neurological examination was unremarkable. To further elucidate the case, a cranial magnetic resonance angiography was performed, which showed no evidence of stenosis, aneurysms, or malformations. Based on these findings, the diagnostic hypothesis of AH was established.

Discussion
The symptomatology presented by the patient, coupled with its exclusive occurrence during air travel, led to the diagnostic hypothesis of AH. Therefore, for the patient's upcoming airplane trip (March/2026), AH prophylaxis was proposed using indomethacin (25-50 mg, PO) and rizatriptan (10 mg, PO), to be administered one hour before takeoff and one hour before landing. A few days after completing her trip, the patient reported the absence of the symptoms previously experienced during prior flights.

Conclusion
In conclusion, AH is a benign primary headache disorder that, despite causing an impact on the patient's quality of life and anticipatory anxiety, exhibits an excellent response to prophylactic management. This report demonstrates that the careful exclusion of secondary causes through neuroimaging, combined with targeted preventive therapy using indomethacin and rizatriptan, reinforces the importance of pre-travel medical planning to achieve absolute symptom control and ensure patient safety.

Keywords:
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