



Hemicrania Continua: Case report

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Introduction

Hemicrania Contínua (HC) is classified as a trigemino-autonomic headache. Described as unilateral pain without changing sides, daily and continuous without pain-free intervals, moderate intensity with exacerbations to severe pain, for more than 3 months. Accompanied by at least one of the trigemino- autonomic symptoms (ipsilateral conjunctival hyperemia and/or tearing, ipsilateral nasal congestion and/or rhinorrhea, ipsilateral miosis and/or ptosis) and with a dramatic response to indomethacin. Occasionally, individuals also experience symptoms of Migraine, such as: Nausea and/or vomiting, photo and/or phonophobia. The prevalence is still unknown, with a higher incidence in females and can occur in any age group. Underdiagnosed disorder in medical practice, as there have not yet been many advances in relation to the pathophysiology and etiology of the disease. Most cases are of primary etiology (idiopathic), secondary causes include: post-traumatic hemicrania, hemicrania associated with a surgical procedure, unruptured intracranial aneurysm, organ transplant, temporomandibular joint dysfunction, cervical disc herniation, intracranial tumor and infection by HIV. Therefore, all patients with abnormal presentations require imaging (cranial MRI).

Objective

To report the case of a patient who was initially diagnosed with presumed Trigeminal Neuralgia and subsequently, after reviewing the case, Hemicrania Continua after responding completely to indomethacin. Alert to the importance of characterizing the type of headache and questioning the differential diagnoses to arrive at the correct diagnosis and therapy.

Case report

Patient, 74 years old, male, sought headache and orofacial pain team at a neurological hospital in Curitiba/PR in May 2023 due to pain in the left temporal region, fixed unilateral, continuous, of strong intensity, associated with symptoms autonomic signs of ptosis and tearing on the left, starting in March 2023. Previous diagnosis of Alzheimer's Disease (CDR 1), undergoing neurological follow-up and use of donepezil. Regarding the differential diagnoses, the hypothesis of Trigeminal Neuralgia was raised, however the pain remained refractory to carbamazepine, and in relation to Large Cell Arteritis, the erythrocyte sedimentation rate (ESR) test was normal, with no other findings at the time. physical examination or diagnostic criteria for vasculitis.

MRI examination of the brain only with volumetric reduction of the brain and microangiopathy (Fazekas I). Indomethacin 25 mg orally every eight hours was prescribed for seven days as a therapeutic trial with complete resolution of symptoms. Finally, the diagnosis of Paroxysmal Hemicrania (PH), which also responds to anti-inflammatory drugs, was ruled out, as the duration of the pain presented is continuous, while in PH the average duration is 2 to 30 minutes, recurring numerous times a day.

Conclusion

Hemicrania Continua should be considered in all cases of chronic unilateral daily headaches with trigemino- autonomic symptoms, regardless of the age of onset and an indomethacin test should be performed at the beginning. After diagnosis be investigated for possible secondary causes.

Keywords: Hemicrania Contínua;Trigemino-autonomic headache; Differential diagnoses.