



Secondary Orgasmic Headache - Reversible Cerebral Vasoconstriction Syndrome (RCVS): Case Report

Pedro Cougo Samueli; Bruna Passos Conti; Hanin El Hussein; Alistan Rayan Galbiati Farias; Lucas Bernardi Garcia; Bruno Camporese; Leonardo Gonçalves Spuldaro; Daniel Stadler; Wagner Hummig; Pedro Andre Kowacs; Ludmila Machado Lima; Mohamad Ali Hussein

Instituto Neurologia De Curitiba (INC), Curitiba - PR - Brazil.

Categoria: Cefaleias Secundárias

Introduction

Reversible cerebral vasoconstriction syndrome (RCVS) is defined as a recurring thunderclap headache with multifocal vasospasm. Full recuperation commonly happens in most patients. However, in a few cases, irreversible neurological deficits occur. Some rare cases onsets have been linked to orgasms during sexual intercourse or masturbation. Orgasmic headache often presents with an explosive and sudden occipital bilateral or diffuse head pain and is the sole symptom in 75% of cases.

Objective

To present a case report of a rare secondary headache, emphasizing the importance of characterizing the type of headache and considering differential diagnoses to arrive at the correct diagnosis and treatment.

Case Report

A 36-year-old male patient reported a severe occipital headache, throbbing in nature, which initially caught attention due to its occurrence during sexual activity. Patient disclosed a prior episode of severe headache with similar characteristics occurring one month ago. This headache had a sudden and progressive onset, with an intensity rated as 9/10, located in the bilateral occipitotemporal region. It was associated with malaise and nausea, persisting for two consecutive days. After this acute episode, the pain continued independently of sexual activity and without associated symptoms such as nausea, vomiting, or sensitivity to light and sound. Upon admission, the pain intensity had decreased, rated as 5/10, and the patient was asymptomatic. On neurological examination, the patient had a Glasgow score of 15, photoreactive pupils, with preserved extraocular movement and facial mimicry. No sensory deficits were observed, gait was normal, and there was no neck stiffness. The patient demonstrated grade V strength globally, with no other neurological findings. The intracranial arterial magnetic resonance angiography performed on 07/05/23 revealed multifocal wall irregularities in the middle third of the basilar artery, with areas of moderate stenosis, raising the possibility of Reversible Cerebral Vasoconstriction Syndrome (RCVS). Posterior fossa malformations were ruled out. Subsequently, on 07/31/23, a cranial and neck arterial CT angiography showed that the stenosis had resolved. Patient also denied new similar headache episodes. Based on the clinical and radiological findings, the probable diagnosis is Secondary Orgasmic Headache - Reversible Cerebral Vasoconstriction Syndrome (RCVS). The occipital pressure-like headache, bilateral, daily, with an intensity of 1-2/10, completely improves with Dipirona, showing no signs of central sensitization or pain on the Valsalva maneuver.

Conclusion

This work describes a patient with intense headache, initially associated with orgasm during sexual intercourse, raising suspicion of Orgasmic Headache and subsequently linked as a possible manifestation of Spontaneous Vertebral Cerebral Artery Dissection (SVCR). Clinical evaluation and imaging studies revealed irregularities in the walls of the basilar artery, suggesting SVCR as the likely diagnosis. It is essential to emphasize the significance of this case, underscoring the need to consider SVCR as a potential cause of orgasmic headache. The resolution of the observed stenoses in imaging underscores the importance of early diagnosis and ongoing monitoring. Understanding this disorder is crucial for guiding appropriate management and preventing neurological or psychosocial sequelae.

Keywords: Reversible cerebral vasoconstriction syndrome; Orgasmic headache; Thunderclap headache.