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Chronic Headache Secondary to the Reapearance of Macroprolactinoma: Case Report

Bianca Lemos Macedo dos Santos[1]; Ana Carolyna Gomes Silva[2]; Bruno Cavalcante Linhares[2]; Marina de Oliveira Castelo Branco[1]; Renan Fortes Alves[1]; Leticia Teles Moreira Lopes[2]; Rachel de Azevedo Carvalho Albuquerque[2]; Warlen Francy Carvalho Mota[1]; João Antonio Fernandes Coelho[1]; Leiliaria Maia Lemos Macedo[3]

1. Centro Universitário Inta, Sobral - CE - Brazil;
2. Universidade de Fortaleza, Fortaleza - CE - Brazil;
3. Escola de Saúde Pública do Ceará, Fortaleza - CE - Brazil.

Categoria: Cefaleias Secundárias

Introduction
Epidemiological data, released by the World Health Organization (WHO) indicate that half of the world population suffers from headache at some stage of life, with higher prevalence among females. There is an etiological classification of headaches, which divides them into primary and secondary. Primary headaches are those with no demonstrable etiology, while secondary headaches are consequences of diseases.Multiple pathophysiological mechanisms contribute to the manifestation of headache, the main theories focus on the mechanical effect of tumor growth on the anatomy adjacent, invading the cavernous sinus, infiltrating nociceptive structures or compressing the surrounding nervous plexus, and may also trigger specific headaches such as SUNCT (short-lasting unilateral neuralgiform headache with conjunctival hyperemia and tearing). The diagnosis of SUNCT is clinical. MRI or CT is performed to rule out possible causes such as pituitary tumors.

Objectives
This article aims to describe a case report about a patient with chronic headache resulting from a pituitary macroadenoma and its systemic repercussions on the patient.

Case Report
J.C.M.S., male, 53 years old, married, born in Rio de Janeiro-RJ, from Fortaleza-CE, diagnosed with macroprolactinoma at 18 years of age. Soon after, in 2009, he was diagnosed with panhypopituitarism after an empty sella, resulting from previous drug treatment with cabergoline, which continued until 2013. At that time, he stopped taking medication and underwent hormone replacement therapy with testosterone, prednisone and levothyroxine. In July 2016, he reported a localized headache, without irradiation, in bitemporal regions, predominantly on the left and bilateral retrocular. In addition to stabbing pain lasting 30 seconds each, more than 100 times a day, classified as 10/10 on the visual analogue scale, disabling, associated with photophobia. The patient had warning signs such as: characteristics of thunder, occurrence in the presence of coughing and sneezing, and progressive worsening. Furthermore, there was a positive family history of chronic headache. In August 2016, the patient underwent magnetic resonance imaging of the skull, showing the presence of an image suggestive of a subarachnoid cyst and a partially empty sella turcica, associated with herniation of the subarachnoid space into the interior, but nothing related to the headache. Treatment was started with topiramate 50mg and venlafaxine 75mg, once a day each. In August 2018, the patient reported abandoning the medication as he did not improve. After one year, he was diagnosed with Short-Term Unilateral Neuralgiform Headache with Conjunctival Hyperemia and Tearing (SUNCT) and began treatment with prednisone 40mg once a day for 7 days. The patient states that the pain improves with the use of corticosteroids, but when the medication is stopped, the headache returns with the same intensity. In 2020, the patient was diagnosed with follicular-type non-Hodgkin duodenal lymphoma. In the investigation of metastasis, a whole-body PET/CT scan was performed, which showed a hypodense nodular formation, with peripheral calcification centered on the sella turcica. Given this result, the recurrence of the macroprolactinoma was confirmed and treatment with cabergoline was soon started, stopping the headache completely, denying, to this day, its presence.

Conclusion
In view of the present case, it is concluded that the intense and progressive headache, diagnosed as SUNTC, did not respond to initial treatment and proved to be a likely complication of recurrent pituitary macroprolactinoma, since the headache was resolved only after the use of carbegoline, treatment for the tumor. In this case, adequate diagnostic investigation and early intervention were essential for the patient's good prognosis.

Keywords: SUNCT Syndrome; Prolactinoma; Headache.