



A Case Atypical of Stroke Manifesting With Secondary Trigeminal Autonomic Cephalgias

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Categoria: Cefaleia em Salvas e Outras Cefaleias Trigêmino-Autonômicas

Introduction

Headache and stroke are among the most common neurological diseases, both cause important disability, however stroke can develop in an unfavorable way and lead to death, so it is important to recognize atypical cases. headache can be a symptom of cerebrovascular diseases in up to 38% of cases and may vary with the location and etiology of the stroke. the phenotypic presentation of headache may be variable, including atypical presentations such as trigeminal autonomic cephalgias (tac). the paroxysmal hemicrania (ph) subtype involves multiple unilateral, severe and short-lasting episodes of pain, with cranial autonomic features and response to indomethacin.

Objective

To demonstrate an atypical case of stroke with the main manifestation of tac and to alert the need for a high degree of suspicion and active search for atypias as pathological findings on physical examination in cases of sudden-onset headache.

Clinical Case

Female, 60 years old, hypertensive and diabetic, without previous history of primary headache, with sudden periorbital headache on the right, of strong intensity, in "rip", associated with tearing, rhinorrhea, heat sensation in the right hemiface and ipsilateral semiptosis, initially the pain was continuous and later began to present crises last 10-15 minutes and 5 episodes per day. admitted after 17 days from the beginning of the condition, presenting on physical examination complete horner syndrome on the right and gait ataxia. due to alarm signs and history of refractory pain, the patient was admitted for investigation. after starting indomethacin 150mg/day, headache remedies. brain mri showed ischemic stroke in the dorsolateral bulb on the right, vessel study revealed stenosis of the right vertebral artery due to atherosclerosis, this being considered the etiology of the stroke and double-antiaggregation platelet activation was started for 90 days.

Conclusion

We highlight the need to rule out stroke in cases of new and usually acute-onset headache with focal neurological signs, even if they have characteristics of trigeminal autonomic cephalgias, which was more frequent in vertebrobasilar (57%) than in carotid (20%) territory strokes. we believe that in the case exposed there was impact of the hypothalamospinal tract in the dorsolateral bulb, which regulates autonomic responses and projects to the periaqueductal gray matter, activating the trigeminovascular system which is a known generator of headaches. it is important to associate the hypothesis of cerebrovascular disease in patients with new headache, associated with autonomic symptoms and search for focal neurological deficits, because in the case of stroke there is the possibility of acute phase treatment and reduce disabilities.

Keywords: Trigeminal Autonomic Cephalgias; Paroxysmal Hemicrania; Ischemic Stroke.