CASE REPORT

Cluster-tic syndrome: case report and literature review

Síndrome salvas-tic: relato de caso e revisão da literatura

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Alves MRPB, Valença MM. Cluster-tic syndrome: case report and literature review. Headache Medicine. 2017;8(2):58-9

INTRODUCTION

Cluster-tic syndrome is a rare and curious clinical condition characterized by cluster headache coexisting with ipsilateral trigeminal neuralgia.[1-14]

The first component represents severe unilateral throbbing attacks in the periorbital or temporal areas commonly associated with facial autonomic symptoms, such as lacrimation, rhinorrhea, conjunctival hyperemia, nasal congestion and palpebral fissure narrowing. In association with this trigeminal neuralgia also occurs, characterized by an ipsilateral paroxysm sharp, shock-like pain (triggered by facial or intraoral stimuli). Moreover, the onset of trigeminal symptoms can occur before or concomitant to the beginning of an attack of a cluster headache, affecting ophthalmic and maxillary branches, without reports referring mandibular region envolviment.[1,7]

This syndrome has been reported as secondary to intracranial lesions and may be the initial manifestation of pituitary adenoma,[4] multiple sclerosis,[3] and dural carotid-cavernous fistula.[9] Also, the trigeminal attacks were described not only due to arterial compression but also caused by basilar artery ectasia, prolactinoma, epidermoid tumor, pituitary adenoma or a venous participation, more precisely, with a petrosal vein pressure on the nerve.[1-5,7,9]

CASE REPORT

A 53-year-old woman with two years history of severe intensity attacks of pain, located on the right orbitotemporal region, with all the characteristics of trigeminal neuralgia. Concomitantly, she also reported right side pain on the orbit, with duration of 15 min, associated with eyelid ptosis and lacrimation. It was tried indomethacin for a few weeks with no success. The two different types of pain were completely abolished with low doses of carbamazepine (200 mg per day) and verapamil (240 mg per day). No abnormality was observed in MRI of the brain.

COMMENT

The cluster-tic syndrome occurs more likely in the middle age, except two patients with 28 and 79 years of age, respectively, observed in the present review.[1,3,4,6-9,11,13,14,17]

An improvement of the trigeminal attacks as a response to the cluster headache treatment was described. However, when this option is not sufficient, trigeminal neuralgia treatment could be considered. The association of carbamazepine and lithium showed a positive effect in the tic component of the pain, with an inadequate response to cluster headache attacks.[8] First line treatment in acute situations resides in oxygen inhalations, requiring verapamil and prednisone in preventive approuch[1,13,14] In patients who are not benefited by this therapy, surgical decompression of the V nerve is recomended.[1,7,9,10,13]

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Received: June 05, 2017
Accepted: June 12, 2017