

Cluster headache

Cluster headache is a type of primary headache that presents with "whipping" pain, which has very strong intensity. The patient may find that the pain worsens at rest or when lying down, and moving about could help to ease the pain. The symptoms are commonly experienced at night: the pain is usually located temporally or periorbital, unilaterally and is accompanied by lacrimation, nasal secretions and Horner's syndrome. Symptoms of cluster headaches tend to manifest within a few days of the year, often in the spring and fall seasons.

Diagnosis

The diagnostic criteria are shown in the table:

- Cluster headache diagnostic criteria

A. At least 5 attacks meeting criteria B-D
B. Intense unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes
C. At least one of the following pain symptoms: <ul style="list-style-type: none"> conjunctival congestion lacrimation rhinorrhea forehead or facial hyperhydrosis miosis ptosis eyelid edema nasal congestion
D. Attack frequency 1-8 times daily
E. Medical history, neurological examination, or ancillary examination methods do not indicate secondary headache, or secondary headache is present, but the cluster headache did not occur for the first time in connection with this disease



Miosis



Illustrative representation of cluster Headache

When taking the medical history of the patient, it is necessary to evaluate the following key information associated with the headache:

- Nature of pain** (dull, pulsating, whipping)
- Location of pain** (hemicrania, diffuse, behind the eye)
- Intensity**
- Duration** (seconds, hours, days, daily pain)
- Frequency of pain** (several times a day, monthly)
- Other accompanying symptoms** (phonophobia, photophobia, odorophobia, lacrimation, nasal secretion, cerebral nerve palsy, hemiparesis, cerebellar symptoms, impaired consciousness)
- Triggering factors** (physical activity, defecation, head tilt, stress, menstruation, drugs, alcohol)
- Factors that could alleviate the pain**

Treatment

- Oxygen inhalation* and *sumatriptan* are used therapeutically.
- In severe cases, *corticoids* are administered.
- The differential diagnosis include dissection of the carotid artery and rupture of aneurysm - MRI, angiography and ultrasound are the diagnostic methods that could be conducted.

Related links

- Cluster headache/PGS

References

- Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders. *Cephalalgia*. 2004, vol. 24, no. Supplement 1, s. 24-5, 31-2, ISSN 0333-1024.
- MARKOVÁ, J. Bolest hlavy jako akutní stav v neurologii. *Bolest*. 2005, roč. 8, no. 1, s. 15-18, ISSN 1212-0634.
- WABERŽINEK, G. *Bolesti hlavy*. 1. vydání. Praha: Triton, 2000. ISBN 80-7254-158-7.