



Headache, Neck and Back Pain, and Cranial Neuralgias

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HEADACHE

Definition and Epidemiology

Headache is caused by irritation of pain-sensitive intracranial structures, including the dural sinuses; the intracranial portions of the trigeminal, glossopharyngeal, vagus, and upper cervical nerves; the large arteries; and the venous sinuses. Many structures are insensitive to pain, including the brain parenchyma, the ependymal lining of the ventricles, and the choroid plexuses. The insensitivity of the brain parenchyma to pain accounts for the common clinical observation of patients who, despite having large intracerebral lesions (such as a hematoma or a brain tumor), complain of little or no headache. The term “cervicogenic” headache is sometimes used to indicate that the source of headache (usually occipital in location) arises from an abnormality in the cervical spine.

Classification of Headache

Headache is generally classified into primary, secondary, and cranial neuralgia syndromes (Table 111-1; Table 111-2; Table 111-3). It is essential that the clinician make every effort to make an accurate clinical diagnosis of the presenting headache syndrome; Table 111-4 provides some key questions in the assessment of the patient with headache.

Migraine

Definition

Migraine is a common episodic neurologic disorder characterized by disabling headache preceded in one third of patients by various combinations of neurologic, gastrointestinal, and autonomic phenomena (termed the “aura”). The diagnosis is based on the headache’s characteristics and associated symptoms. Results of the physical examination as well as the laboratory studies are usually normal.

TABLE 111-1 PRIMARY HEADACHE SYNDROMES

Migraine Tension-type headache Trigeminal autonomic cephalgias • Cluster • Paroxysmal Hemicrania • SUNCT	Other primary headache syndromes • Primary stabbing headache • Exertional/Sex headache • Primary thunderclap headache • Hemicrania continua
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SUNCT, Sudden-onset Unilateral Neuralgiform (Headache with) Conjunctival Tearing.

TABLE 111-2 SECONDARY HEADACHE SYNDROMES

Post-traumatic	Disordered Homeostasis
Vascular	• Hypoxia or hypercapnia (e.g., obstructive sleep apnea)
• Subarachnoid hemorrhage	• Dialysis-associated headache
• Vasculitis	• Hypoglycemia
• Arterial Dissection (carotid or vertebral)	Medication
Non-Vascular	• Side effects (e.g., dipyridamole, nitrates, cyclosporine)
• Idiopathic Intracranial Hypertension (Pseudotumor cerebri)	• Withdrawal
• Low CSF pressure (e.g. post lumbar puncture or CSF leak)	Syndrome of Transient Headache and Neurological Deficits with CSF Lymphocytosis (HANDL)
• Tumor	Cervicogenic
• Chiari malformation	
Infection	
• Meningitis	
• Abscess	
• Sinusitis	

CSF, Cerebrospinal fluid.

TABLE 111-3 COMMON CRANIAL NEURALGIAS AND RELATED DISORDERS

- Trigeminal neuralgia
- Glossopharyngeal neuralgia
- Occipital neuralgia
- Other cranial branch neuralgias (e.g., superior orbital neuralgia)
- Central facial pain syndromes (e.g., cold-stimulus headache)

TABLE 111-4 KEY QUESTIONS IN THE ASSESSMENT OF HEADACHE

1. For how long have you been having headaches?
2. What were they like when they first began? Were they intermittent, daily persistent, or progressive from the beginning?
3. What is the length of time from the start of the headache until its peak intensity?
4. Are there any warning symptoms (e.g., aura)?
5. Does the headache interfere significantly with normal activity (e.g., work, school)?
6. What aggravates the headache (e.g., light, noise, odors)?
7. What do you do for relief from the headache (e.g., rest, move around, take medication)?
8. What time of day are the headaches most likely to occur? Do they regularly awaken you from sleep?
9. Are you aware of any specific triggers (e.g., foods, stress, lack of sleep, menstrual cycle)?
10. Does anyone else in the family have headaches?