Headache

Karen Thaxter

- An eight year old girl is taken to her paediatrician because she has been complaining of almost daily pain at the back of her head for the past 4 months. She states that each headache starts suddenly, usually in the morning, is rated 7-9/10 on the pain scale, and often causes her to feel ‘woozy and spaced out.’ She denies phonophobia and photophobia, but reports that the headache is often accompanied by dizziness. She was adopted at 6 months of age, and her family history is unknown.

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a) URI-associated headache
b) Migraine headache
c) Tension-type headache
d) Cluster headache
e) Hypertension-associated headache

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b) Duration 1 hour

c) Age 8

d) Female gender

e) Location at the back of her head

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Discussion

The IHS classification system divides headache into primary and secondary headache disorders. In a primary headache disorder, headache itself is the illness and headache is not attributed to any other disorder. Primary headaches comprise migraine, tension-type headache, cluster headache, other autonomic cephalgias and other primary headache disorders. In secondary headache disorders, headache is the symptom of identifiable structural, metabolic or other abnormality.

In children and adolescents, the abrupt onset of severe headache is most frequently caused by upper respiratory tract infection with fever, by sinusitis or by migraine.

Migraine is a heterogeneous disorder: attacks vary in pain intensity, duration, pattern of associated features, and frequency
of occurrence. Some migraineurs have recurrent attacks without remission periods; others experience symptom-free intervals lasting several years; a third group becomes free of attacks for the rest of their life [47]. Migraine is the second most common cause of chronic recurrent headache in school children. The prevalence ranges from 3.2 to 14.5% [4–6, 26, 47–49]. Positive family history for headache is commonly reported with a frequency of 60–77.5% [4, 22].

In this case, the patient was suffering from migraine headaches.

Revising the IHS headache duration criterion, i.e. decreasing minimum headache duration from 2 to 1 h, the utility of the IHS criteria for migraine performed 47–86.6% sensitivity and 92.4–98.6% specificity [53–56]. The currently accepted classification system for migraine was

published by the International Headache Society in 2004 and is known as the International Classification of Headache Disorders (ICHD-II) [57].

Modification of ICHD-II criteria to include bilateral headache, headache duration of 1–72 h, and nausea and/or vomiting plus two of five other associated symptoms (photophobia, phonophobia, difficulty thinking, lightheadedness, or fatigue), in addition to the usual description of moderate to severe pain of a throbbing or pulsating nature worsening or limiting physical activity, improved sensitivity of migraine diagnosis to 84.4%

In the case of secondary headaches, special attention must be paid to symptoms of

increased intracranial pressure and progressive neurological dysfunction. Red flags include the first or worst headache ever in the life, recent headache onset, increasing

severity or frequency, occipital location, awakening from sleep because of headache, headache occurring exclusively in the morning associated with severe vomiting and headache associated with straining. Secondary headaches may

occur in an acute (such as subarachnoid haemorrhage), subacute (such as meningitis) or progressive (such as neoplasms) fashion.

Serious conditions such as brain tumours or intracranial

haemorrhages are uncommon and, when present, are usually

accompanied by neurological signs such as papilledema,

hemiparesis or ataxia [43] and require appropriate imaging for definitive diagnosis

- References

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Part II: therapeutic management

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2. Recent developments in pediatric headache

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