Cluster headache during pregnancy: an extra challenge for treatment
Cefaléia em salvas durante a gravidez: um desafio a mais no tratamento

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ABSTRACT
Cluster headache is a relatively rare trigemino-autonomic headache. Its occurrence in pregnancy and possible treatment approaches are presented.

Keywords: Headache/drug therapy; Pregnancy complications; Lithium; Valproic acid; Verapamil/therapeutic use; Sumatriptan/therapeutic use

RESUMO
Cefaléia em salvas é uma cefaléia trigêmino-autonômica relativamente rara. Sua ocorrência na gravidez e as possíveis abordagens terapêuticas são apresentadas.

Descritores: Cefaléia/quimioterapia; Complicações na gravidez; Lítio; Ácido valpróico; Verapamil/uso terapêutico; Sumatriptana/uso terapêutico

INTRODUCTION
Cluster headache (CH) is a relatively uncommon, yet distinctive, stereotyped primary pain syndrome characterized by intense unilateral pain located in or around the eye and accompanied by ipsilateral autonomic aspects(1-2). CH is more prevalent in men, and its characteristics do not appear to be any different in women, in whom headache attacks do not seem to be affected by hormones related to reproductive life(3).

Although a few drugs can be used as prophylactic measures and a few others can be used in the treatment of headache attacks, most of them are class C and D as per the Food and Drug Administration (FDA) criteria as to their use in pregnant women. The present report discusses the case of CH in a pregnant woman and the difficulties related to the appropriate choice of therapy.

CASE REPORT
Caucasian female, aged 28 years, presented with a three-week history of extremely intense headache attacks, lasting between 30 and 60 minutes, located exclusively around and behind the right eye, accompanied by ipsilateral rhinorrhea and lacrimation. She experienced three to four attacks of such pain per day, at least one of them happening during her sleep. She reported having had similar headache attacks since the age of 16, once or twice a day, always diagnosed as sinusitis and treated as such. The attacks happened every one or two years, and never lasted longer than ten days. She was otherwise healthy and had no significant medical history.

The patient was 27 weeks into her first pregnancy. Her clinical examination showed moderate edema of both legs and slight edema of her hands; her blood pressure was 130 x 85 mmHg and her neurological examination was normal.

Diagnosis of CH was based upon the patient’s history, as well as clinical and neurological examinations. Corticosteroids, which are class B in the FDA classification and useful for prophylaxis of CH(4), could have been a choice of treatment for this patient. However, due to the length of treatment necessary, her pregnancy and the slight degree of edema, we had reservations about choosing this medication.

Lithium(5) and valproate(6) are both class D in the FDA classification, and therefore were not considered for this case. Verapamil, a class C/D drug according to the FDA, could be used if the potential benefit outweighed the possible risk to the fetus. Verapamil is used to treat maternal cardiac arrhythmias during pregnancy(7) and for volume expansion in pre-eclampsia(8). Though not free of adverse effects for the fetus(9) and potential maternal systemic complications(10), verapamil was prescribed in daily 560 mg doses for the shortest possible
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DISCUSSION

The present report introduces the discussion on CH treatment during pregnancy – a subject not yet mentioned in medical literature. This patient, who apparently had presented many episodes of “minibouts” (short periods of CH attacks) since the age of 16, had the pattern of her headache changed during pregnancy, with an extended duration of the bout and an increased number of attacks per day. This finding had not been reported previously, and the few articles on the subject mentioned that pregnancy did not alter the pattern of CH in women.

Migraine in pregnancy, a much more common clinical situation, is often a challenge to the neurologist. None of the drugs for migraine prophylaxis has official approval from regulatory authorities, and, as far as CH is concerned, this matter is not even discussed, since CH is a relatively rare, typically male type of headache. The purpose of the present case report was to raise the subject and open discussion on the matter.

REFERENCES