

Diagnostic and therapeutic interventions in different types of headaches

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Sphenopalatine ganglion blocks and radiofrequency treatments are frequently employed in headache management of refractory cases. Stronger indications for the block include, cluster headache, migraine headache, second division trigeminal neuralgia. Less strong indications include hemicranias continua and post dural puncture headache.

Stellate ganglion is a sympathetic ganglion in the lower neck region. Blockade and radiofrequency treatment of this ganglion is used to treat pain conditions affecting the face, neck and upper extremities. Recently evidence is accumulating in favor of its use in treatment of refractory cases of migraine headache.

Cervical epidural steroid injections have proven effective in management of cervicogenic headaches in particular when there is evidence of disc disease or root irritation in upper cervical roots. The treatment may be effective as long as 6 months.

Facet joint injection/radiofrequency treatment at C2-C3 level which targets the third occipital nerve is another means of treatment in patients with cervicogenic headache.

Spinal cord stimulation as a neuromodulation treatment modality has been used in difficult-to-treat cases of cluster headache and chronic migraine. The stimulation is provided either through electrodes that are placed percutaneously into the epidural space or through a surgical paddle lead that is delivered via a laminotomy.

Occipital nerve stimulation has been implemented in management of a number of primary headache disorders, including CM, chronic CH, hemicrania continua, short-lasting neuralgiform headache attacks with conjunctival injection and tearing and short-lasting neuralgiform headache attacks with autonomic symptoms.

Key words: sphenopalatine ganglion, stellate ganglion, cervical facet joints, cervical epidural steroid injection, cervical spinal cord stimulation, occipital nerve stimulation, headache management.