

Sinus Headache

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Many migraine or tension headache reside as undiagnosed or misdiagnosed or termed as a rhinogenic headache. Delay or misdiagnosis associated with treatment can negatively impact patient quality of life.

The latest version of the EPOS, as well as the ICHD-3, states that chronic rhinosinusitis rarely causes any type of pain, except when there is obstruction of the sinus ostium, in which case it resembles acute rhinosinusitis. Key features of a headache related to paranasal sinuses, according to EPOS, are classified by the level of pain exacerbation during upper respiratory tract infections, associated nasal symptoms, and improvement of pain with associated antibiotic therapy.

Once a primary headache has been ruled out and a rhinogenic headache is suspected, in the absence of a typical history of rhinosinusitis, the workup should continue with some specific sinonasal abnormalities in mind. Negative results during previous examinations do not rule out sinus etiology. Some lesions imperceptible to physical examination can be identified through nasal endoscopy; but, the best diagnostic outcomes are achieved with a combination of nasal endoscopy and computed tomography of the paranasal sinuses.

Recent evidence suggests that triptans may be the best choice for pain relief in patients with suspected rhinogenic headaches, but no CT evidence of paranasal soft-tissue content or obstruction of sinus drainage ostia is able to rule out specific therapy. Surgery for resolution of mucosal contact points can be an excellent therapeutic alternative for carefully selected patients, even in cases of migraine or tension headaches.

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