

## Interventional pain management techniques for Cervicogenic Headache

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Cervicogenic headache (CH) is a secondary headache that originates from the cervical spine and its anatomical structures mainly innervated by the C1, C2, and C3 spinal nerves. It was first described in 1983 by Sjaastad et al.

Involvement of the C2-3 zygapophyseal joint is the most frequent source of cervicogenic headache (almost 70% of cases). Patients with cervicogenic headache sometimes have a history of injury or trauma to the neck (whiplash injury), but it can also happen without trauma.

Diagnosis and treatment of CH is difficult. In the third edition of the International Classification of Headache Disorders (ICHD-3), diagnostic criteria for CH have been revised. At present, positive responses to controlled diagnostic blocks of putative cervical sources are considered the major criterion in the diagnosis of cervicogenic headache.

There is no proven effective treatment for CH. However, a number of different treatment modalities are available. When conservative treatment fails, interventional pain management methods are the best treatment options. This includes medial branch of C3, C4 dorsal rami blocks, intraarticular zygapophyseal joint (C2–C3, C3–C4) injections, atlantoaxial (AA) joint injections, greater occipital nerve (GON) and lesser occipital nerve (LON) blocks, radiofrequency ablations (RFAs), occipital nerve stimulation, cervical epidural steroid injections. surgical treatments are considered as the last treatment option due to lack of effectiveness and side effects.