

Hemicrania Continua Treatment Strategy

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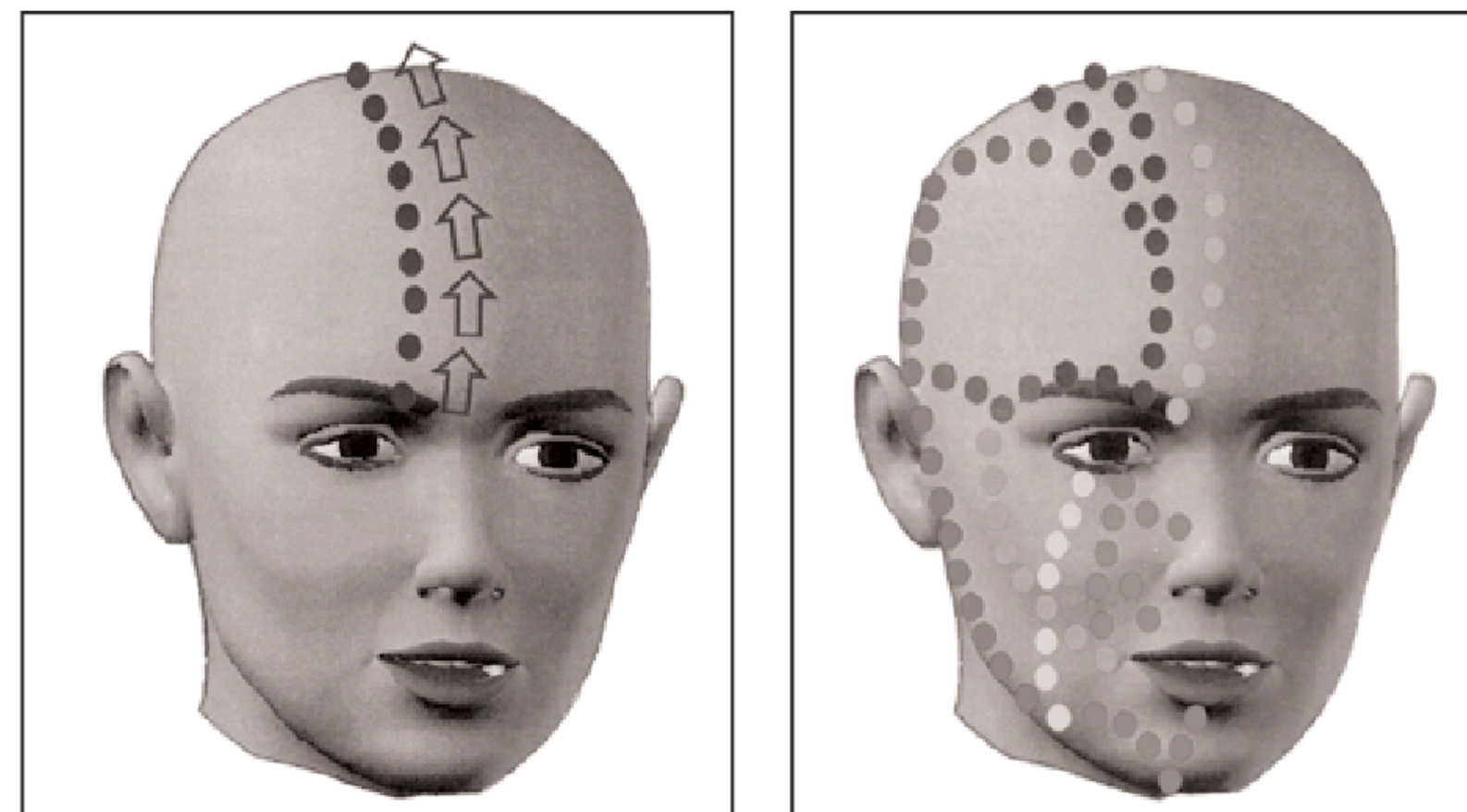


Case Description

An 88-year-old female with a past medical history of Parkinson's disease presented for right-sided headaches. She had been evaluated by several specialists for headaches over the past five years. Her headaches are described to be a tightness sensation to the right side of her head, varying in location. Her symptoms are becoming more persistent and increasing in intensity. She states she is unsure of any triggers that worsen her symptoms, but she feels better when she lays down.

After an extensive workup, the patient was diagnosed with hemicrania continua. She was trialed on indomethacin but could not reach the therapeutic dose due to adverse effects including nausea. Imaging has shown degenerative changes in the neck, with no acute pathology on brain scans.

Figure 9. Pattern of inhibition points in a patient with cephalgia (case study 1). ▶



Dowling DJ. Progressive inhibition of neuromuscular structures (PINS) technique. J Am Osteopath Assoc. 2000 May;100(5):285-6, 289-98. PMID: 10850014.

Discussion

Despite seeing multiple specialists including neurologists, rheumatologists, and oncologists, the patient was unable to find a treatment that improved her symptoms. The patient received Botox injections, physical therapy, acupuncture, and several medications with no relief. Upon further evaluation, the patient was found to have a progressive inhibition of neuromusculoskeletal structures (PINS) pattern from the right orbital notch (ophthalmic division of trigeminal nerve) to the right suboccipital triangle (greater occipital nerve). After the initiation of osteopathic manipulative treatment (OMT), the patient reported improvement of symptoms with decreased intensity of headaches.

Conclusion

The diagnosis of hemicrania continua is one of exclusion. This is a rare disease with limited research on effective treatment options. Although literature shows some patients improve with pharmaceutical therapy such as indomethacin, studies are very limited in alternative treatment options. This case discusses a patient with hemicrania continua who had adverse effects on pharmacological intervention. She showed great improvement with osteopathic manipulative treatment. Clinicians should be aware of this rare diagnosis and consider the use of osteopathic manipulative therapy as a primary or adjunct treatment option.

References:

Dowling DJ. Progressive inhibition of neuromuscular structures (PINS) technique. J Am Osteopath Assoc. 2000 May;100(5):285-6, 289-98. PMID: 10850014.

