

Treatment of Short-Lasting Unilateral Neuralgiform Pain with Conjunctival Injection and Tearing (SUNCT) in Setting of Stroke

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Case Diagnosis:

- 75-year-old, right-handed female
- Chronic Intermittent Anisocoria
- Transient Ischemic Attack
- Inpatient rehabilitation after cerebral vascular attack (CVA)
 - Dysarthria
 - Dysphagia

Case Description:

- Intermittent, frequently recurrent, severe headaches
 - lasting five to ten minutes
 - associated with restlessness and tearing of her left eye
 - brought on by activities such as chewing and brushing her teeth
- Gave diagnosis of short-lasting unilateral neuralgiform pain with conjunctival injection and tearing (SUNCT)/short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms (SUNA)
 - Differential diagnosis of Paroxysmal hemicrania
- Indomethacin trial to rule in paroxysmal hemicrania was not conducted in the setting of recent CVA
- Decision to empirically treat with Gabapentin
 - Resulted in marked subjective decrease in headache score
 - Continued headache relief two months post-discharge

Discussion:

SUNCT/SUNA are headache syndromes in the family of trigeminal autonomic cephalalgias (TACs). Ordinarily, Indomethacin trial can lend evidence to confirming the diagnosis of paroxysmal hemicrania or hemicrania continua, two other cephalgias. However, with the patient having had a recent stroke, indomethacin treatments could have led to poor outcomes according to literature and best practices data. Therefore, empiric Gabapentin therapy was chosen as the treatment modality of choice to instead rule in SUNCT/SUNA.

Conclusions:

In the inpatient rehabilitation setting, one should be familiar with this subset of headache syndromes and its traditional features and treatments, with special consideration taken for comorbidities to allow for high level inpatient care that can transition to outpatient therapies after discharge.

