International Classification of Headache Disorders (ICHD-3): nosological conflict between cervicogenic headache and other headache disorders

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Objective and Methods: ICHD-3 divides headaches into primary and secondary, comprising Parts One and Two. We highlight a nosological problem when a major primary type has an evident cervical cause. Below are observations of cluster headache and migraine that show prominent cervical signs and behave like cervicogenic headache. We also encountered this problem with trigeminal neuralgia, ICHD-3 Part Three.

Figure 1. Cluster headache with occipital trajectory of pain*

Results: *Case 1* (Figure 1). M. 53, strictly unilateral, severe, throbbing pain, temple/ periorbital, 'pushing the eye out', <2h duration, with restlessness, ipsilateral cranial autonomic symptoms and no spontaneous remissions. *Chronic cluster headache, ICHD-3 3.1.2*

Case 2. F. 58, unilateral, severe, throbbing headache affecting the temple, with nausea, photophobia, avoidance of movement, ipsilateral lacrimation, occurring every other day. *Chronic migraine, ICHD-3 1.3*

Case 3. F. 49, strictly unilateral, suicidal, short-lasting, shooting pain, up to 1 min duration, limited to trigeminal distribution V1-2, with prominent trigeminal triggers. T*rigeminal neuralgia, ICHD-3 13.1*

Each of the patients had ipsilateral cervical signs. A complete remission was achieved by a single cervical medial branch block (bupivacaine) and continuous neck exercises (Figure 2).

Conclusion: ICHD-3 acknowledges that migraine, cluster headache and trigeminal neuralgia can be secondary to another disorder, such as intracranial lesion or vascular pathology, but omits the musculoskeletal cause, thus failing to reflect a potentially curable cervical aetiology.

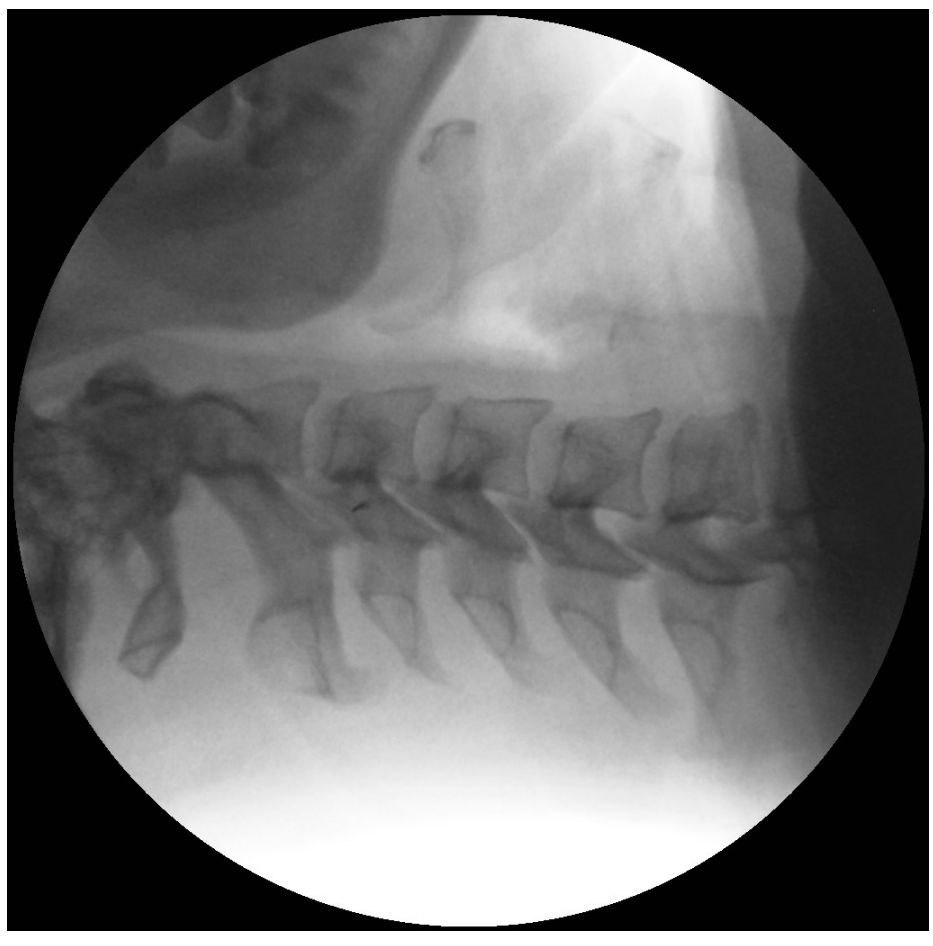

Figure 2. X-ray guided cervical medial branch block

*Facial photographs displayed with patient's explicit consent in compliance with GMC guidance on confidentiality: https://www.gmc-uk.org/guidance/ethical_guidance/30579.asp