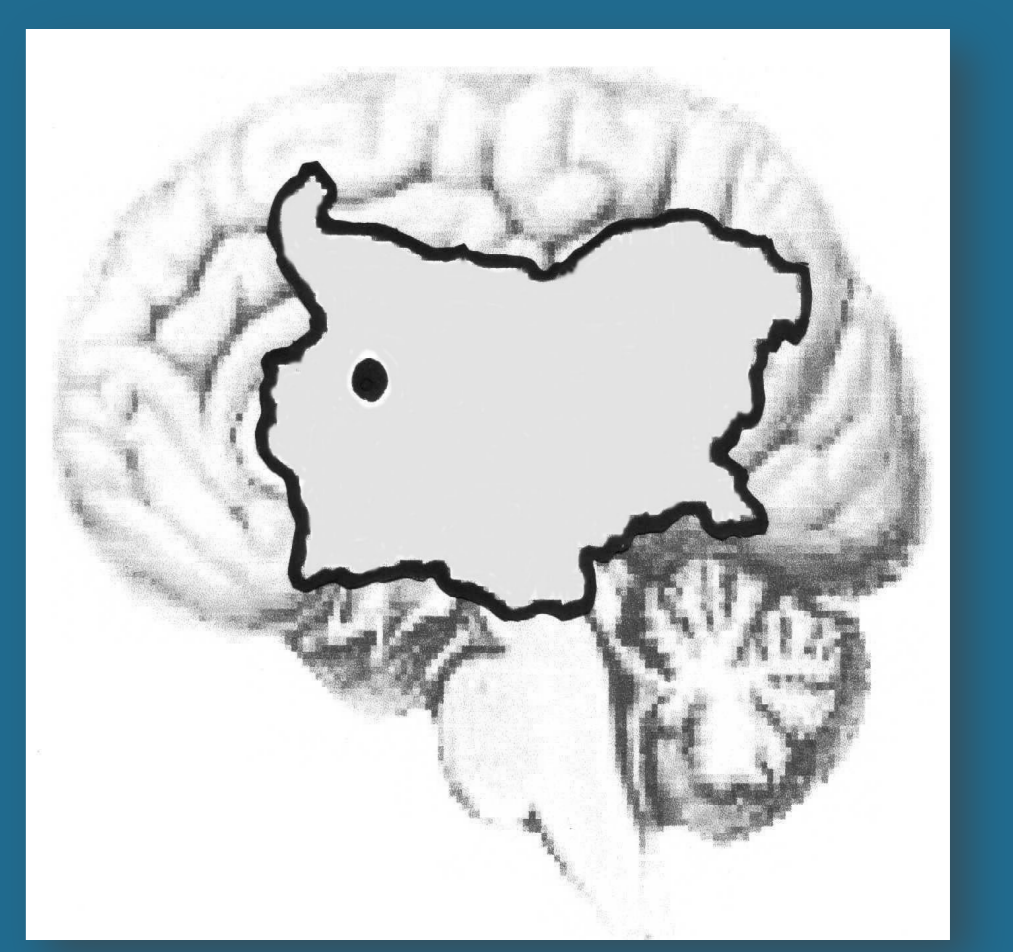




Secondary Cluster Headache Due to Connective Tissue Disorder: Case Report

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Background

- Cluster headache is a primary headache characterized by unilateral excruciating pain accompanied by autonomic features.
- Cluster-like headache secondary to unruptured saccular aneurisms is very rare.
- Difficult to rupture gigantic aneurisms that reappear after being intervened can be seen in patients with connective tissue disorder.

Aim

- To report a clinical case of a young patient with secondary chronic cluster headache due to huge bilateral unruptured saccular aneurisms of the internal carotid arteries, and reappearance of headache symptoms after the aneurisms were surgically intervened

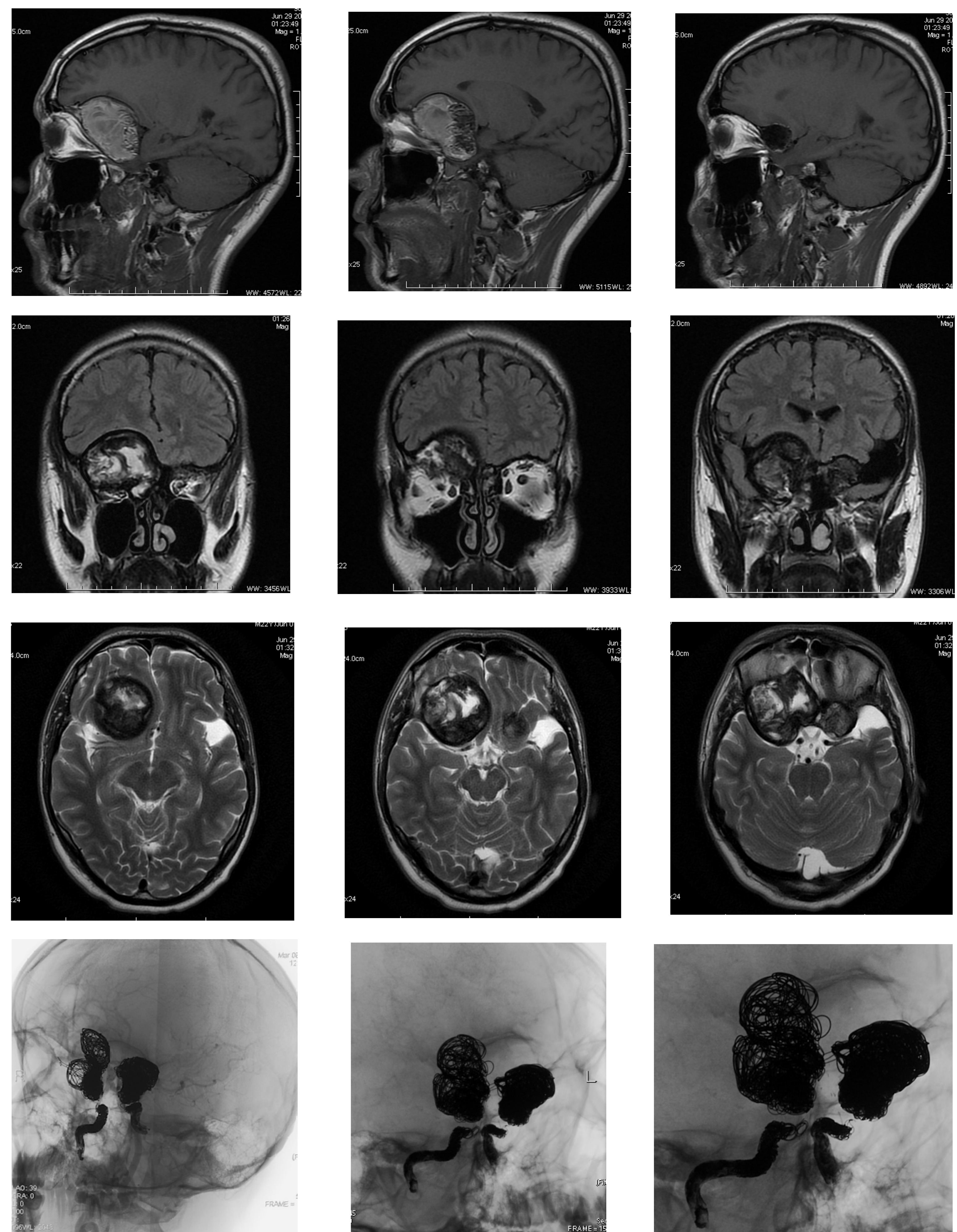
Case presentation

- 28-year-old man with joint hypermobility and a cluster-like headache history longer than three years.
- Patient's headache started a day after he hit his head in the upfront seat in a tram.
- Headache characteristics of a cluster headache with *red flags*:
 - de novo chronic form,
 - exacerbation when changing head position,
 - partial response to oxygen
 - bilateral proptosis R>L, visual loss.
- Brain MRI → two gigantic unruptured saccular aneurisms of the cavernous segments of the internal carotid arteries.
- Aneurisms intervened endovascularly with coils and onyx.
- Patient entered a long remission until the cluster headache appeared again (recurrent aneurisms).
- A connective tissue disorder was suspected as an underlying cause → patient refused to be tested genetically.

Conclusions

- Although, secondary cluster headache is more common in patients with internal carotid artery dissection, saccular aneurisms can also be the cause.
- When a young patient is presenting with chronic cluster-like features, MRI should be performed at the start.
- If the aneurisms have tendency to become huge and the headache reappears after the aneurisms are surgically treated, a connective tissue disorder may be the underlying cause.

Neuroimaging



References

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