

CC104. Dermatologic finding during Migraine headache attack

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Objective

To report a patient with migraine and ecchymotic lesions in relation with migraine attacks probably due to trigeminovascular activation associated to autonomic vascular dysfunction.

Case description

A 21-year-old woman diagnosed with episodic migraine with aura since the age of 14, who described her headaches as hemicranial, throbbing pain associated to sensitivity to light and sound, with a frequency of five to six severe episodes per month, some of them accompanied by visual aura. She recently noticed that at the time of her migraine attacks, eyelid ecchymosis ipsilateral to the side, pain developed. It appeared on both, right or left side and upper or lower eyelids depending of the pain side during the attack (figure 1). The ecchymosis usually lasted a couple of days and was not associated with oedema or vegetative manifestations. Neurologic examination and brain MRI were normal, blood workup revealed no evidence for vasculitis or coagulation disorders. She started topiramate 25 mg bid with improvement of headache frequency and resolution of periorbital ecchymosis. On a follow up call 6 months later, she told us that today, during a migraine attack, she develops baggy eyes, but no ecchymosis. Previous reports have described red forehead dot syndrome, red ear syndrome and periorbital ecchymosis in migraine patients. It has been hypothesized that activation of the trigeminovascular system leading to extracerebral vasodilatation with extravasation of red blood cells in the V1 distribution of the trigeminal nerve via the release of vasoactive peptides could cause these phenomena. Another factor may be coagulation changes with heparin release from mast cells and basophilic leukocytes, previously documented during migraine attacks.

Conclusion

Our case describes an unusual finding during migraine attacks, such as periorbital ecchymosis with a possible pathogenic mechanism of autonomic vascular dysfunction following trigeminovascular activation during migraine attacks.



Figure 1