

Clinical Characteristics of Patients with TAC-tic Syndrome from a Headache Clinic in Sri Lanka

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OBJECTIVE

TAC-tic syndrome is a peculiar entity where trigeminal neuralgia (tic douloureux) coexists with is trigeminal autonomic cephalalgia (TAC). It is an exceptionally rare clinical entity whose cause is unclear. Mere coincidence or pathophysiological similarities could be responsible. If one of the two is overlooked can lead to significant morbidity. Hence both conditions need to be recognized and treated simultaneously.

METHODS

All consecutive patients diagnosed with TAC-tic syndrome attending a specialized headache clinic in a tertiary care hospital in Sri Lanka over a 1-year period were included. The diagnosis was made by a senior neurologist and patients were interviewed using a structured questionnaire.

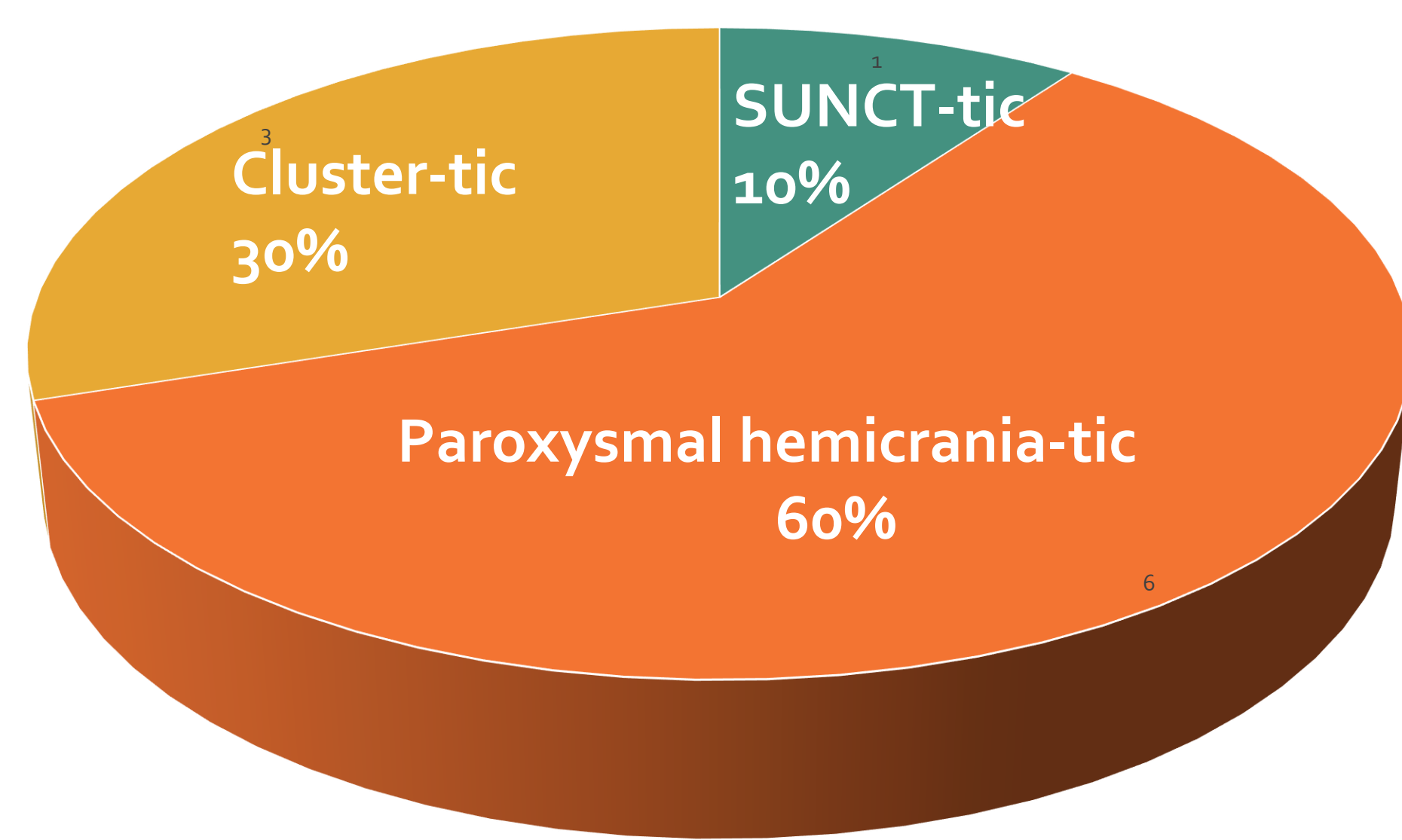


Figure 1: TAC-tic phenotypes

46 years

Mean age of onset

30%

Vascular loops

1

Meningioma

RESULTS

A total of 10 patients were included (mean age- 54 years, 90% female). The average age at headache onset was 46 years. Chronic paroxysmal hemicrania (CPH) was the commonest TAC phenotype. With 3 Tesla Magnetic Resonance imaging, vascular anomalies (commonest in the right superior cerebellar artery) were found in 3 patients while another had a meningioma compressing the trigeminal nerve. Symptom relief was achieved in all by treating both trigeminal neuralgia and TAC headache simultaneously. One underwent meningioma excision. Patient characteristics are summarized in Table 1.

	Sex	Age (years)	Age at onset	Side	TAC phenotype	MRI	Medications
1	Male	62	59	Right	SUNCT	normal	carbamazepine, indomethacin, lamotrigine
2	Female	71	58	Right	CPH	Vascular loop - superior cerebellar artery	indomethacin, lamotrigine, pregabalin
3	Female	50	36	Left	CPH	normal	carbamazepine, indomethacin, pregabalin
4	Female	73	53	Right	Cluster	normal	carbamazepine, indomethacin, lamotrigine
5	Female	47	42	Right	CPH	normal	carbamazepine, indomethacin
6	Female	54	46	Right	Cluster	Meningioma along lateral wall of cavernous sinus	carbamazepine, lamotrigine
7	Female	35	35	Right	Cluster	normal	carbamazepine, indomethacin, pizotifen
8	Female	68	62	Right	CPH	Vascular loop - superior cerebellar artery	carbamazepine, indomethacin, pregabalin
9	Female	37	34	Right	CPH	Vascular loop – anterior inferior cerebellar artery	carbamazepine, indomethacin, pizotifen, verapamil
10	Female	42	41	Left	CPH	normal	carbamazepine, indomethacin, flunarizine

Table 1- Patient characteristics

CONCLUSION

It is important to recognize and treat this entity occurring concurrently. Underlying structural abnormalities too are not uncommon hence should be searched for.