

A case series of ictal epileptic headache: exploring the clinical diagnostic definition

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Objective and methods:

Here we present a clinical depiction of seven cases of probable ictal epileptic headache (IEH), aiming to contribute to the validation of the current diagnostic criteria of the ICHD3.

Results:

The relevant characteristics of the patients are displayed in Table 1. None of the cases had the IEH during the video-EEG. All patients were using anticonvulsants when submitted to the EEG.

Table 1: Clinical characteristics of the patients with IEH

	Age	Sex	Headache features	Ictal sequence	Interictal EEG	Brain image
1	25	F	Moderate frontal bilateral burning, 10 min.	Headache- impaired awareness and eye deviation-mouth automatisms or wandering -arms rigidity or complex visual hallucinations	Bilateral, predominantly L parietal epileptic abnormalities	Periventricular nodular heterotopia
2	27	F	Hemicranial stabbing, 5-10 min.	Headache-TC seizures	R frontal sharp-waves	Normal magnetic resonance imaging
3	62	F	Bilateral, frontal, throbbing, 5-40 min.	Isolated headache remitting with diazepam Headache-nonmotor manifestations with impaired awareness, or R hemifacial clonias with awareness, or TC seizure	Spikes and spike and waves in frontotemporal regions	L frontotemporal encephalomalacia post-subarachnoid hemorrhage
4	38	M	R parietal pain with vomiting	Blurred vision-olfactory hallucination-headache-L leg rigidity		
5	24	M	Bilateral temporal moderate sharp pain	Headache-impaired awareness, or TC seizure		
6	58	M	Bilateral occipital, severe, throbbing, 1 min.	Sweating-headache-TC seizure	Normal	Pituitary macroadenoma
7	59	F	Neck pain spreading to occipital regions, pressure type	Headache-TC seizures		Post-surgical lumbar CSF leak

CSF: cerebrospinal fluid; **F:** female; **L:** left; **M:** male; **min.:** minute(s); **R:** right; **TC:** tonic-clonic

Conclusion:

The absence of an EEG record of the epileptic discharge manifested as a headache should not exclude the diagnosis of IEH. We favor as a criterium the recurrence of a well-defined sequence of events which encompasses the headache and culminates in an unequivocal epileptic attack.