Sustained Improvement at 6 Months After Occipital Nerve blocks in Occipital Neuralgia: A Retrospective Study

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Introduction and objectives

Great occipital nerve (GON) blocks are usually indicated for many headache disorders with a variable effect. Here we aimed to describe the clinical characteristics and outcomes of patients occipital neuralgia (ON) treated with GON block.

Methods

A retrospective review of patients diagnosed with ON according to ICHD-3 criteria who underwent at least one GON block between January 2024 and March 2025. Data were obtained from two mexican hospitals

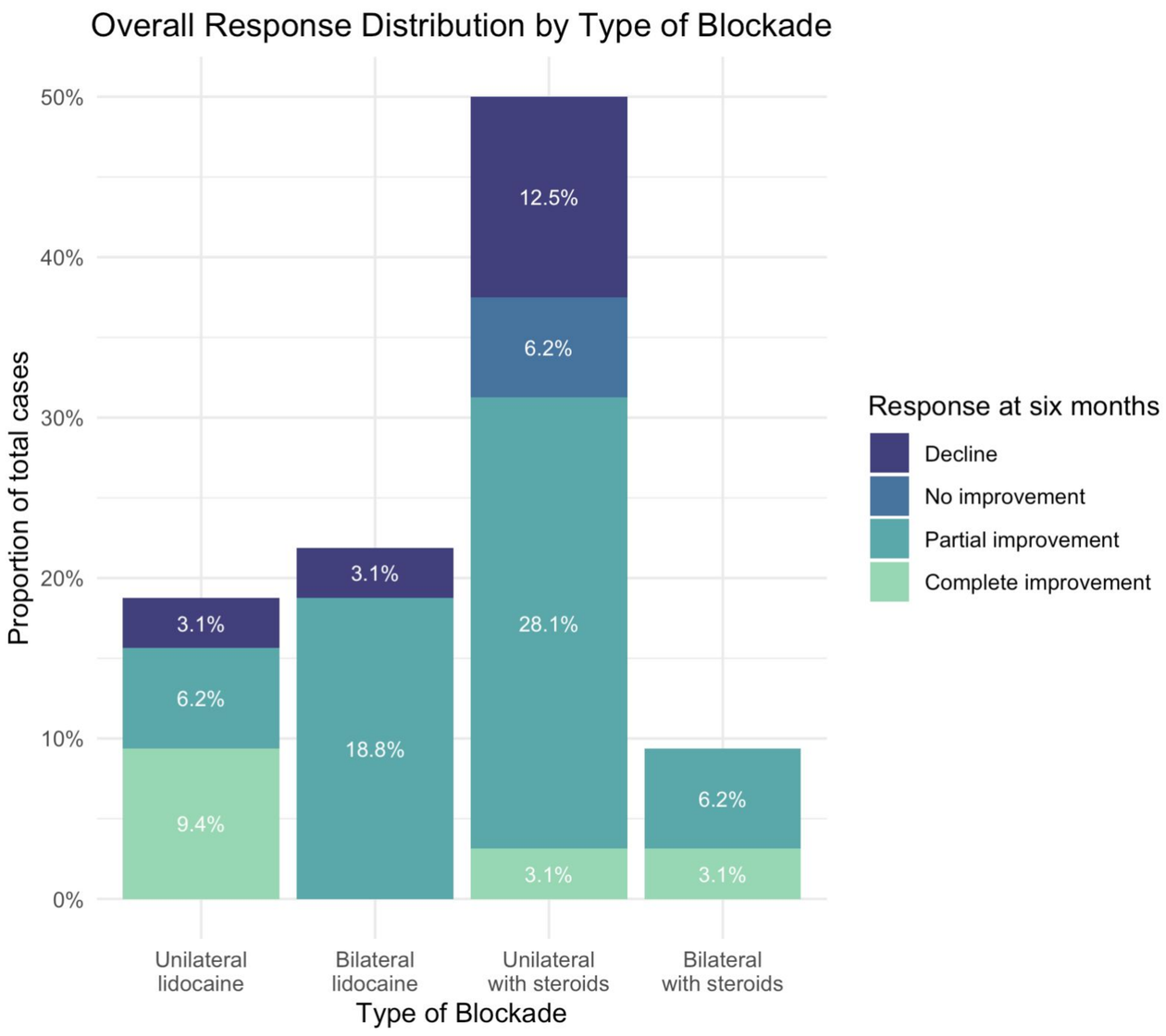

Figure 1. Response at six months (reduction of at least 50% of monthly headache days. No significant difference was observed between groups

Results

Thirty-three patients were included. Thirty patients (90%) were female, with a mean age of 47 years (SD=15.3). The median duration of symptoms prior to diagnosis was 5 years. Median monthly headache days decreased from 12 (IQR 1.7-7.25) before the procedure to 4 at the follow up.

The most frequent presentation of ON was unilateral paroxysmal (40%). Ten patients had concomitant migraine without aura.

At six months, 19 patients (57%) reported at least a 50% reduction in headache frequency. Prophylactic medications were continued in 84% of patients, the most commonly used was pregabine.

The most common technique used was unilateral GON block with lidocaine and 40-80 mg of methylprednisolone (48%). The complete distribution of response and techniques used are shown in table 1. No significant differences were found between techniques and, clinical response at six months, number of blocks received or need of prophylactic medication at follow up.

Conclusions

GON block is a safe and beneficial treatment for patients with ON, offering sustained effect.