IHC25-PO-418 - MANAGEMENT OF TIC-TAC SYNDROME INSIGHTS FROM A CLINICAL CASE

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BACKGROUND TAC-Tic syndrome is a rare headache condition with features of both trigeminal neuralgia (Tic) and trigeminal autonomic cephalalgia (TAC). Trigeminal autonomic cephalalgias (TACs) are primary headaches that include Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing (SUNCT). We describe here the case of a male patient who presented with a headache with characteristics of trigeminal neuralgia and SUNCT and how he was managed.

CASE REPORT The patient, then aged 63, presented with secondary hypogonadism due to a prior orchiectomy for unilateral testicular ischemia. The headache began six years before (2018), characterized by episodes of stabbing pain in the V1 region on the right side. The condition progressively worsened over the six-year period, with 40 episodes per day lasting 5-50 seconds. The pain was triggered by activities such as eating, mouth movement, and swallowing, although it also occurred without any identifiable triggers. The pain was associated with lacrimation and redness on the right side. Brain MRI and prolactin levels were normal. Carbamazepine was initiated up to 400 mg BID, which was the maximum tolerated dose for the patient. The patient returned for outpatient consultations with partial improvement of the pain, although episodes with pain plus lacrimation persisted. Gabapentin 300 mg BID was introduced. In subsequent appointments, the patient progressively improved with the increase in Gabapentin dosage up to 900 mg TID, although without pain remission. Subsequently (2021), Lamotrigine was introduced in progressive doses up to 75 mg/day, achieving complete remission three months after the introduction of the medication. Gabapentin and Carbamazepine were slowly discontinued (2022). One year after introducing **Lamotrigine** remission of headaches was achieved.

DISCUSSION The syndrome, manifested in this case as a combination of Trigeminal Neuralgia and SUNCT, represents a condition of rare prevalence. It is conventionally managed with pharmacotherapies targeting both trigeminal neuralgia and the specific form of trigeminal autonomic cephalalgia. Lamotrigine, a medication known to be efficacious for both disorders, emerges as a particularly suitable treatment option when the trigeminal autonomic cephalalgia presents as SUNCT. In the case of our patient, lamotrigine was the agent that ostensibly facilitated the transition of the headache into a sustained period of remission.