



# Cluster headache in Argentina: description of 117 patients in a headache center

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## Objective:

Our objective is to analyze the clinic characteristics of patients with cluster headache (CH) and patients with the same phenotype but due to a secondary cause (CH-like) evaluated in a headache center in Argentina.

## Methods:

This is a retrospective observational descriptive study. Data was obtained from electronic medical records of patients with CH diagnosis or CH-like phenotype treated in our center from January 1st 2021 to March 15th 2025. Demographic data, clinical characteristics and treatments response were analyzed.

## Results:

117 patients with CH and 6 patients with CH-like were included. Among secondary causes there were tumors, aneurysms, cerebrospinal fluid hypotension and demyelinating plaques.

Onset age ranged between 7 and 74 years (mean: 32). Among CH patients the length of the disease varied from 2 months to 53 years (mean 13.6). There was an important diagnostic delay from less than a year to 40 years (mean 5.44 years), being usually misdiagnosed as migraine, and coinciding with results from international studies.

Nocturnal episodes were frequent in both groups, 88% in CH and 80% in CH-like. In 24% of CH patients pain could switch sides of the head, 20% in episodic CH and 37% in chronic CH ( $p=0.18$ ), while none in the CH-like group. Among CH patients, mean duration of the pain range from 40 to 100 minutes.

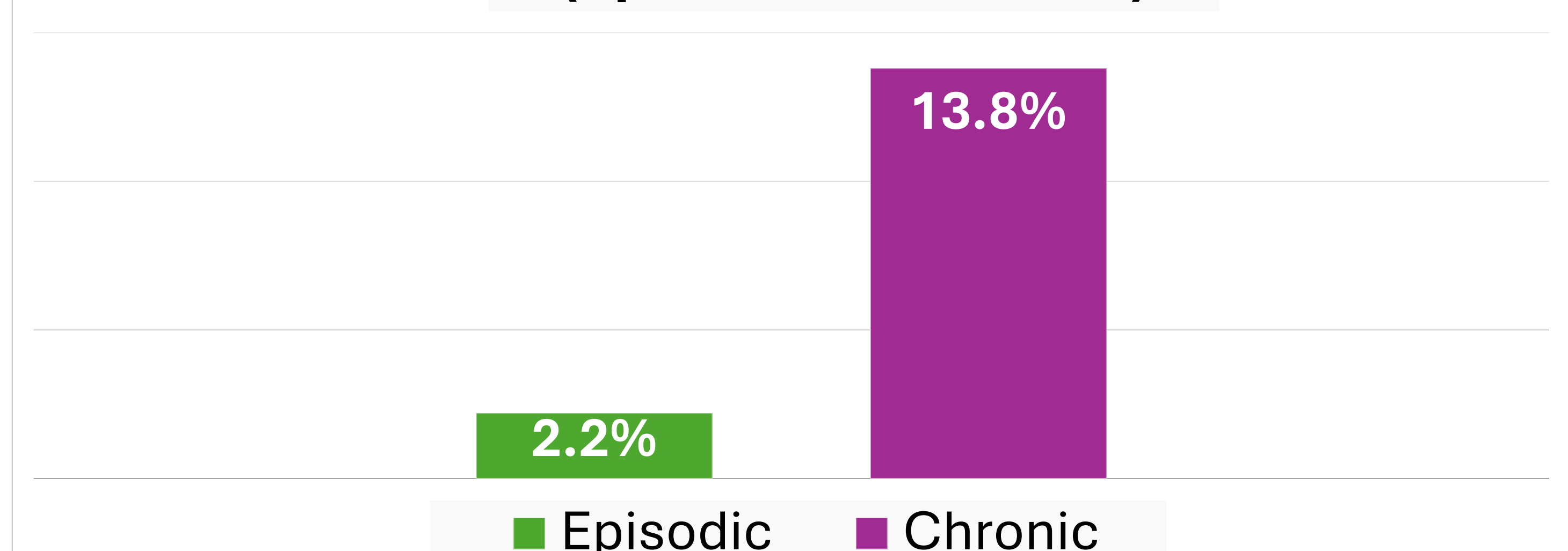
63% of CH patients received preventive treatment. Verapamil was the most frequently used (63 patients), followed by topiramate (26 patients).

**Table 1: Demographic data**

	CH	CH-like	p
Number of patients	117	6	
Males	74%	33%	<b>0.046</b>
Average onset age (years)	32	42.8	0.07
Smoking (current or previous)	53%	50%	0.59
Migraine diagnose	17%	82%	<b>&lt;0.01</b>
Chronic phenotype	22%	67%	<b>0.03</b>

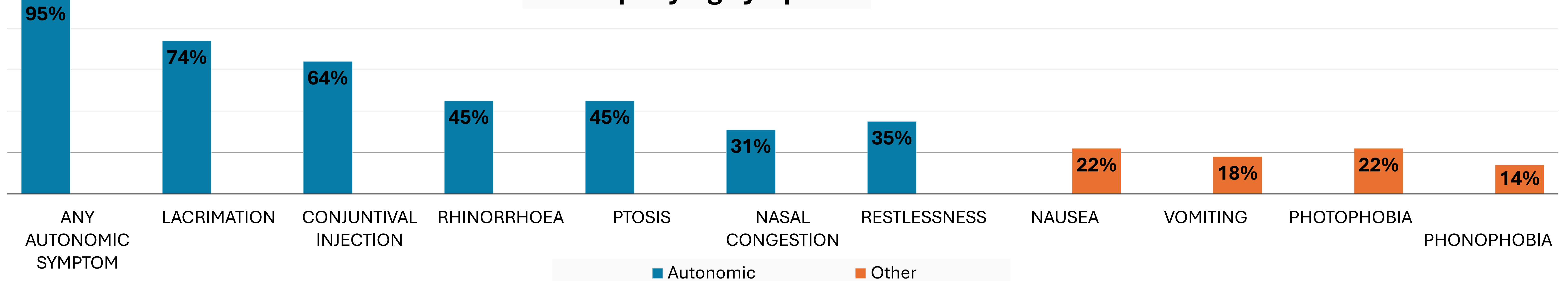
**Risk of a structural cause (episodic vs chronic)**

**Figure 1**



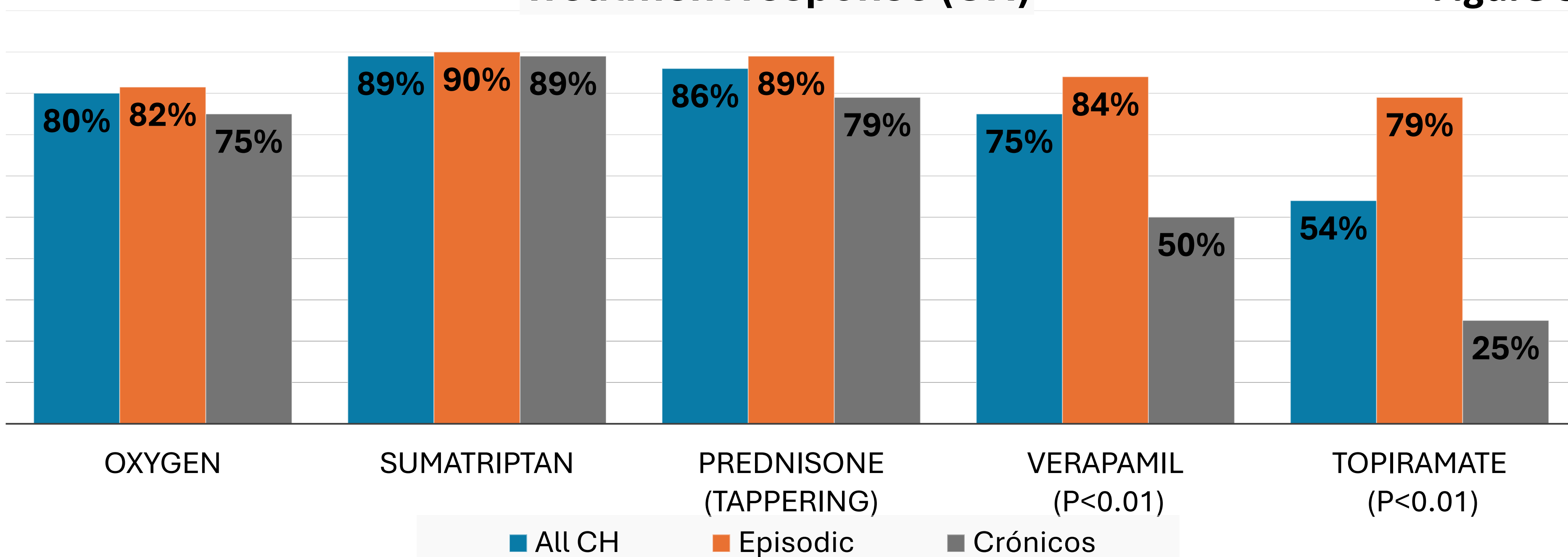
**Accompanying symptoms**

**Figure 2**



**Treatment response (CH)**

**Figure 3**



## Conclusions:

CH clinical presentation in our population is similar to results from international studies. Brain imagines are required to rule out other etiologies given the possibility of a structural cause mimicking CH, specially in patients with chronic type. Raising awareness among healthcare professionals about the clinical characteristics of this disease is crucial to avoid diagnostic delay and to allow a prompt appropriate treatment.

## References:

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 Burish MJ et al. Cluster headache is one of the most intensely painful human conditions: Results from the International Cluster Headache Questionnaire. *Headache.* 2021 Jan;61(1):117-124.  
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