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Chronic Paroxysmal Hemicrania

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Introduction: CPH is a well established entity that was introduced by ottar Sjaastad and Dals on 1976. It is a rare disorder with partly known pathogenesis and distict clinical feature from Cluster Headache.

Clinically it is charactrized by an attack of unilateral headache, which is severe and throbbing in nature and almost located on the same side of orbital, forehead or temporal area but it may be localized in the aural, neck and shoulder region. Ipsilateral rhinorrhea,congestion of nose, conjunctival injection and lacrimation are the other accompaniment. Nausea and even vomiting also may be experienced during the attack.

Pathogenesis of CPH indicating that the autonomic dysfunction of the eye and forehead seems to be mediated through the sympathetic system, whereas the pain may mediates via C2. Furthermore, there seems to be sympathetic stimulation in CPH during the attack, instead sympathetic deficiency as seen in Cluster Headache.

Comparison of CPH with Cluster Headache

Feature	CPH	Cluster Headache
Incidence	Rare	Relatively common
Sex preponderance	Female	Male
Frequency of attack	15 in 24 hours	3 rarely 6 in 24 H°
Duration of attack	10-20 minutes	Usually longer
Indomethacin	Eleminate the pain completely	No effect or minima effect
Lithium	No effect	Good effect
CIP(Corneal Indentation Pulse)	Increment at early onset of attack	Increment
Pilocarpine	No effect	Forehead sweating
Blokage of Stellate Gang.with Novocain	Prevent of CIP increasing	No effect
Blokage of C2 with Novocai	Prevent of pain attack	No effect
Conjunctival instilation with Tymoxamin an alpha receptor blocking agent	Prevent of CIP incr.	No effect
Sympathetic	Stimulation	Deficiency
Turning or bending the head	May precipitate attack	No effect
Pressure apply to C2	May precipitates att.	No effect
Activity during the attack	Usually curl up the bed	Pacing the floor
Time of attack	No definit night preponderance	Usually night preponderance
Shifting from the mild to severe phase	Several days	Shortly

The purpose of this case is:

CPH might be world wide ditributed and it is not limited to a few Europian and American countries that has been documented so far.

Case: Mr. A.R. a 43 years old suffering from headache for 23 years. The pain is mostly severe and throbbing in character and coming as an attack. It is located always in the right orbital area and has been accompany with conjunctival injection, lacrimation and rhinorrhea. The headache reach its peak in 10 minutes and lasting for about 20 minutes. It has been repeating hourly during the attack for 6 to 8 weeks each year up to 2 years ago, that there was no free headache interval for the last two years. Also mild headache with fluctuation has been experience between the attack.

The patient has been seen by different especialist and evaluated extensively. He undervent of an operation for septal nose deviation and several kinds of medication has been tried without any benificial outcome except for Ibuprofen which is showed minimal effects.

Several repeated Lab. tests, X-Ray, EEG, Tomography and C.T. Scan of Brain all were reported within Normal Limits.

Phisical and Neurological examination revealed no abnormalities.

Indomethacin 25 mg. P.O., T.I.D. started and the pain disappeared completely in 24 hours. Later on Indomethacin was reduced to 25 mg. P.O., B.I.D. and subsequently to 25 mg. P.O. daily. There is no further headache for the last 10 months with the above Indomethacin regiment.

Discussion:

While emphasizing on the rerity of C P H(Ottar Syaastad found 5 Norvegian C P H among 110 regular cluster headache and Manzoni et al... 4 against 180 cases) and it has been recognized in few area; probably it is more common and world wide distributed. Lack of reporting from the most part of World is due to poor awareness of this entity in the neurology field.

For example after the first reporting by Ottar Syaastad and Dale on 1976, Just 8 cases had been documented in Norway up to 1980. Subsequently as knowledge increased about 400 cases were recognized in U.S.A. Canada, Italy, Czekoslovakia, Norway, Sweden, Denmark and U.K.

We will wait for further case reporting in the future, as well as better understanding regarding the real incedence, provalence, pathophysiology etc....

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