

EPICRANIA FUGAX: A PAROXYSMAL AND ULTRABRIEF EPICRANIAL PAIN

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Objective: To report a distinctive headache disorder, apparently originated in the scalp, but with particular traits that clearly deviate from all known epicranial headaches and neuralgias.

Methods: Four patients (1 male, 3 females) without remarkable past medical history presented with the same clinical features. Neurological examination was always normal. An X-ray of the skull and CT or MRI of the head, were invariably performed with normal results. Blood work-up and ESR were also normal.

Results: Mean age at onset was 41.2 (range 31-63). All the patients complained of strictly unilateral, shooting pain paroxysms starting in a focal area of the posterior parietal region and rapidly spreading forward to the ipsi-lateral eye along a linear or zigzag trajectory, the complete sequence lasting one to a few seconds. In two cases, once the pain reached the ipsi-lateral eye lacrimation without conjunctival injection ensued. The attacks could be either spontaneous or triggered by pressing on the stemming area, which could otherwise remain tender or slightly painful in between the paroxysms. The frequency was 2-8 attacks/day. The temporal pattern was either remitting (n=3) or episodic (n=1). Anaesthesia of the supra-orbital nerve in one of the patients inhibited the radiation, while blockade of either the greater occipital nerve or the trigger zone abolished all the symptoms.

Conclusions: *Epicrania fugax* is a clear-cut clinical picture that might be a dynamic variant of primary stabbing headache or nummular headache, but might also represent a novel syndrome. Clinical features point to a peripheral origin/trigger in this disorder.