

## Short lasting headaches without autonomic features:

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### **Abstract:**

The title refers to headaches without any autonomic symptoms such as tearing, facial swelling or sweating, redness of eye, ptosis and nasal congestion that last for seconds to minutes. According to ICHD3 the majority of these headaches are found in part three as Painful lesions of the cranial nerves and other facial pain. Many kinds of neuralgias in this session correlates with title.

This article describes the clinical features and diagnostic criteria, pathophysiology (when known), and main characteristics of the major cranial neuralgias. Trigeminal neuralgia the most encountered neuralgia is a disorder characterized by recurrent unilateral brief electric shock-like pains, abrupt in onset and termination, limited to the distribution of one or more divisions of the trigeminal nerve and triggered by innocuous stimuli. It may develop without apparent cause or be a result of another diagnosed disorder. Additionally, there may be concomitant continuous pain of moderate intensity within the distribution(s) of the affected nerve division(s). The division between, for example, trigeminal neuralgia and trigeminal neuropathy should be viewed as a pragmatic way of distinguishing conditions in which clinical presentations and treatment approaches differ while the two conditions cannot be classified on the basis of currently known pathology or pathophysiology. The same applies to painful conditions associated with the glossopharyngeal and intermedius nerves.

Diagnostic criteria:

A. Recurrent paroxysms of unilateral facial pain in the distribution(s) of one or more divisions of the trigeminal nerve, with no radiation beyond,<sup>1</sup> and fulfilling criteria B and C

B. Pain has all of the following characteristics:

1. lasting from a fraction of a second to two minutes<sup>2</sup>
2. severe intensity<sup>3</sup>
3. electric shock-like, shooting, stabbing or sharp in quality

C. Precipitated by innocuous stimuli within the affected trigeminal distribution<sup>4</sup>

D. Not better accounted for by another ICHD-3 diagnosis.

Other primary neuralgias are occipital neuralgia, and, rarely, glossopharyngeal neuralgia. Nervus intermedius neuralgia is even more rare. All neuralgias merit a careful workup for secondary causes.

**Key Words:** Short lasting headaches , Autonomic features, Neuralgia