Intranasal contact point headache

Missing the “point” on brain MRI

Figure 1 MRI brain axial image: Patient 1

Left nasal contact point in a 23-year-old man who developed a new daily persistent headache after scuba diving 2 years before evaluation. Pain was localized to the bifrontal region. Associated symptoms included photophobia, phonophobia, nausea, and vomiting. Ten preventives had failed before surgery.

Figure 2 MRI brain axial image: Patient 2

Left nasal contact point in a 45-year-old woman with a history of chronic migraine since her teens. Daily headache was bitemporal, vertex, and occipitocuchal in location with associated migrainous symptoms. More than 10 preventives had failed before nasal contact surgery.

Nasal septal deviation with a contact point on the lateral nasal wall can trigger episodic or daily headache.¹ Nasal contact is easy to visualize on brain MRI; however, it is rarely reported by neuroradiology. Brain MRI of two headache patients are displayed (figures 1 and 2). Each MRI was read as normal although a contact point is seen on axial images. Blockade of the contact point by ENT with lidocaine transiently alleviated headache in both patients. Because of the positive response to intranasal blockade, surgical removal of the contact point was suggested and led to complete headache alleviation in patient 1 (figure 1) and 80% improvement in headache frequency in patient 2 (figure 2). Nasal contact should be looked for on brain MRI as this is a treatable secondary cause of head pain.² At present, nasal contact surgery for headache has not been supported by randomized studies and is a procedure to be tried only in cases that fail conventional headache treatment and after ENT evaluation.

Todd D. Rozen, MD, Ann Arbor, MI

Disclosure: The author reports no disclosures.

Address correspondence and reprint requests to Dr. Todd D. Rozen, MHNI, 3120 Professional Drive, Ann Arbor, MI 38104; tdroznmigraine@yahoo.com

1. Behin F, Lipton RB, Bigal M. Migraine and intranasal contact point headache: is there any connection? *Curr Pain Headache Rep* 2006;10:312–315.
2. Behin F, Behin B, Behin D, Beredes S. Surgical management of contact point headaches. *Headache* 2005;45:204–210.

Neurology®

Intranasal contact point headache: Missing the "point" on brain MRI

Todd D. Rozen

Neurology 2009;72;1107

DOI 10.1212/01.wnl.0000345006.20397.98

This information is current as of March 23, 2009

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/72/12/1107.full>

References

This article cites 2 articles, 0 of which you can access for free at:
<http://n.neurology.org/content/72/12/1107.full#ref-list-1>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

All Headache

http://n.neurology.org/cgi/collection/all_headache

MRI

<http://n.neurology.org/cgi/collection/mri>

Secondary headache disorders

http://n.neurology.org/cgi/collection/secondary_headache_disorders

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:

http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:

<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.