Intranasal contact point headache

Missing the “point” on brain MRI

Nasal septal deviation with a contact point on the lateral nasal wall can trigger episodic or daily headache. 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. 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

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


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Todd D. Rozen

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