

Secondary headaches

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GLAVOBOLKA

**- naj~esta pri~ina za poseta na mati~niot
lekar**

- naj~esta pri~ina za odsustvo od rabota

**2% od naselenieto strada od hroni~na
tenziona glavobolka**



**3% prevalenca na
obolki kaj
od 20-50**

g

Strukturi osetlivi na bolka

Intrakranijalni

- dura, leptomeningi, golemi arteriii i veni

Parakranijalni

- skalp, sinusi, oči, vrat

Prenesena bolka

- vrat, kardiovaskularen sistem

Mehanizmi na bolka

Iritacija i inflamacija na strukture senzitivni na bolka

Trakcija na strukture senzitivni na bolka

- mas lezii**
- intrakranijalna hipertenzija**
- intrakranijalna hipotenzija**

Vaskularna bolka

Mehanizmi na bolka

Pritisok vo parakranijalnite strukturi

- sinus, intraokularen pritisok**

Nevralgi~na bolka

Drugi mehanizmi

- muskulno-zglobni**
- jatrogeni**



**ПРИМАРНИ
ГЛАВОБОЛКИ**

**СЕКУНДАРНИ
ГЛАВОБОЛКИ**

**Samo 10% od glavobolkite se
sekundarni (simptomatski)**

PRIMARY HEADACHES

Migraine

Tension-type headache

**Cluster headache and other
trigeminal autonomic
cephalalgias**

Other primary headaches

Headaches



Tension

Pain experienced as a squeezing band around the head



Cluster

Pain localized in one eye



Migraine

Typical signs are pain, nausea and altered vision

SECONDARY HEADACHES

Part 2: The secondary headaches

5. Headache attributed to head and/or neck trauma
6. Headache attributed to cranial or cervical vascular disorder
7. Headache attributed to non-vascular intracranial disorder
8. Headache attributed to a substance or its withdrawal
9. Headache attributed to infection
10. Headache attributed to disorder of homoeostasis
11. Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cranial structures
12. Headache attributed to psychiatric disorder

**Sekundarne glavobolke se
javuwaat po~esto i se
poprominentni kaj pacienti so
preegzistira~ka primarna
glavobolka !**

Naj~esti pri~ini za simptomatski glavobolki

Hipertenzivni glavobolki

**- 60% od pacientite so
poka~en krven pritisok
~uvstvuvaat glavobolka**

**Akutna, difuzna, pratenena so
nauzea i povra}awe**

**Bolkata is~eznuva so
korekcija na tenzijata**

Glavobolka kako simptom na cerebrovaskularni bolesi

- 30% na po~etok na ishemi~en insult

Po~esta kaj pogolemi mozo~ni udari

Subarahnoidalna hemoragija (SAH)

“the worst headache in my life”

(often with exertion)

“thunderclap headache”

**Sentinel headache !!! – antecedent headache
which could be lifesaving**

(20-50% with subsequent aneurysmal SAH)

Subarahnoidalna hemoragija (SAH)

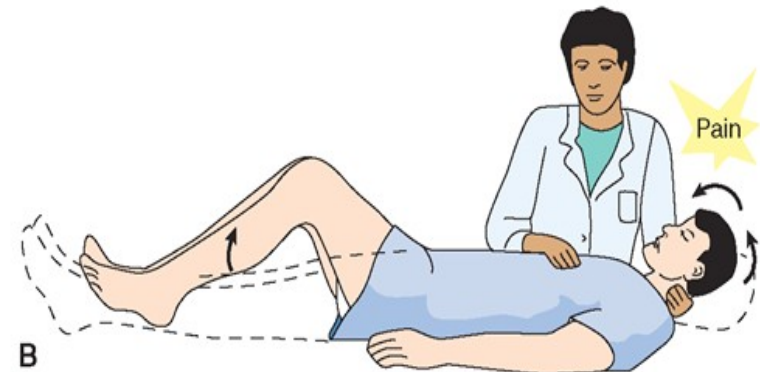
50% so atipi~na glavobolka

12% vo tek na spiewe

Nauzea i vomitus

**Zako~en vrat i pozitivni
meningealni znaci**

Fotofobija/ fonofobija



Infekci

**1. Intrakranijalni infekci
(meningitis, encefalitis, mozo~en
absces)**

2. Sistemski infekci

3. Povrzana so HIV/ SIDA

4. Hroni~na postinfektivna

Intrakranijalni infekciji

Subfebrilnost/ febrilnost

Difuzna, silna glavobolka

**Akuten/ subakuten po~etok (~asovi,
denovi)**

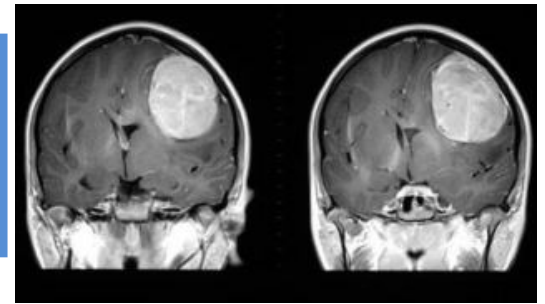
**Konfuznost, dezorjentiranost,
pospanost**

Fotofobija/ fonofobija

**Zako~en vrat, pozitivni meningealni
znaci**

Epilenti~ni napadi

Glavobolki pri mozo~ni tumori



Kaj 30% od slu~aite so mozo~en tumor glavobolkata e vode~ki simptom

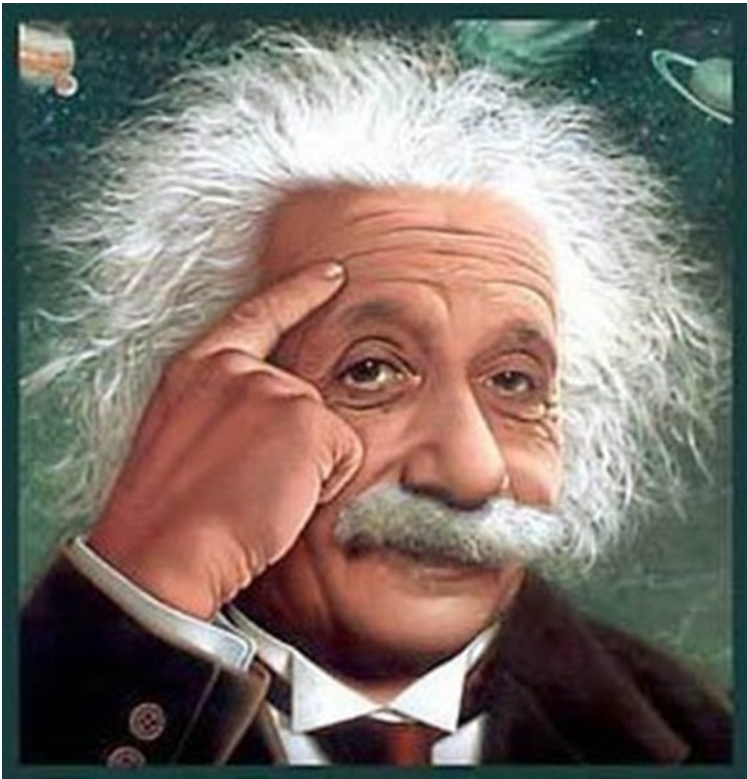
No, samo kaj 1% e edinstvena klini~ka manifestacija

Progresivna (nedeli, meseci), lokalizirana, se vlo~uva pri ka~lawe, maksimalna nautro

I diopatska intrakranijalna hipertenzija (pseudotumor cerebri)

- difuzen edem na mozokot i zgolemen intrakranijalen pritisok**
- naj~esto osobi od `enski pol, obezni, vo fertilniot period**
- bolkata li~i na onaa od mozo~en tumor**
- dijagnoza so normalni nevroiimejxing naodi**
- acetazolamid, topiramet**

Dijagnoza



Evaluacija na pacient so glavobolka

Anamneza

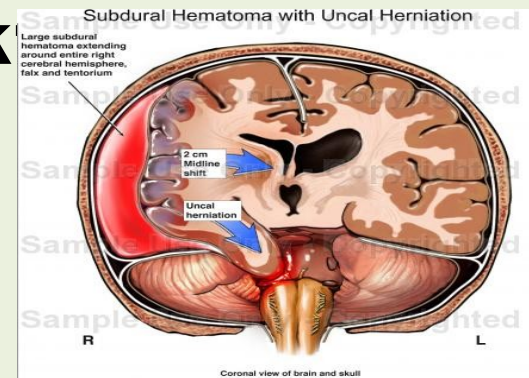
Somatski status

- vitalni znaci

- TA

Nevrološki status

- zenici- asimetrija i reak
svetline Heringova pupila



Evaluacija na pacient so glavobolka

Nevrološki status

Ispadi vo vidnoto pole

Dv`ewa na o~ite

Motoren deficit

Refleksi

Senzibilitet

STROKE is an Emergency.
Every minute counts.

ACT F.A.S.T!

	F ACE	Does one side of the face droop? Ask the person to smile.
	A RMS	Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
	S PEECH	Is speech slurred? Ask the person to repeat a simple sentence. Is the sentence repeated correctly?
	T IME	TIME IS BRAIN

Evaluacija na pacient so glavobolka

Lokalen status na vrat i glava

Psihi~ki status: orjentacija vo vreme prostor i kon li~nosti

Sostojba na svest: pospanost

Meningealni znaci

Headache Red Flags - “SNOOP”



Systemic symptoms (fever, weight

Secondary risk factors (cancer,
HIV/immunocompromised)

Neurologic symptoms or abnormal signs

Onset (reaches full intensity rapidly)

Older patient (i.e. new headaches at age >50 yrs)

Previous headache different

(i.e. significant change in headache frequency or clinical features)

Positional component (i.e. increases when

Ispituvawa

Komplet krvna slika

Biohemiski ispituvawa

**Kompjuterizirana
tomografija**

**Magnetna nuklearna
rezonanca**

Fundus okuli

Lumbalna punkcija

KT, LP i MNR kaj SAH

KT

- 90-95% senzitivnost vo prвите 24 ~asa**
- 80% tretiot den, 50% posle sedum dena**

MNR (fler)

- posenzitivna od KT od 3 -14 den**

LP

me`e de e negativna vo prвите 2

Terapija

**Otstranuvawe na etiološki faktor
doveduwa do prestanok na
glavobolkata**

Analgetici

Antiedematozna terapija

Zaključok

Iako se samo 10% od vkupnite glavobolki, sekundarne glavobolki se ~esto rezultat na seriozni `ivotnozagrozuva~ki sestojbi i zaboluvawa

Somne`ot za sekundarna glavobolka treba da vodi kon brza evaluacija i primena na soodvetni ispituvawa za postavuvawe na

РЕФЕРЕНЦИ

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