

# letters to the editor

## Postcoital headache

**To the Editor:** Drs. Zito and Kushner<sup>1</sup> failed to note culturally induced aspects of pericoital headache.

In my native Ireland, there exists a postcoital headache known as Dublin migraine. It is usually seen in those who come from a religiously constrained background. By contrast, a geographical move of about 400 miles to France results in a somewhat different pericoital neurologic state. Instead of the id-super ego struggle evocative of Dublin migraine, a sense of release and relaxation locally known as *le petit mort* is well documented by those who learn to speak French in a time proven manner.

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## Reference

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## Visual allesthesia

**To the Editor:** Dr. Jacobs' report<sup>1</sup> of a woman with visual allesthesia apparently due to focal seizures is relevant to the general issue of the effect of epileptogenic foci on cortical functioning. The patient had a partial left hemifield deficit due to a right parietooccipital arteriovenous malformation which also gave rise to an epileptogenic focus in the same area. She experienced episodes of left hemifield perseveration (palinopsia) of the image of an object seen in the unaffected right hemifield. Although it was not possible to record this patient's EEG during the episodes of allesthesia, the following argue strongly for their ictal nature: paroxysmal quality; association with focal twitching, terminal amnesia, and drowsiness; and inverse relationship to anticonvulsant therapy.

Dr. Jacobs cites a few references to similar visual ictal phenomena. I would like to call attention to some reports of parallel phenomena involving other cortical areas. Although most studies on ictal and interictal discharges have shown a suppressive effect on cortical functioning, a few have found paradoxical facilitation of certain processes. Mazzucchi and Parma<sup>2</sup> found that unilateral temporal epileptogenic foci caused a pattern of ear predominance in dichotic listening opposite that of nonepileptogenic temporal lesions. Whereas the latter resulted in ipsilateral ear dominance, the epileptogenic foci caused contralateral ear dominance, as though the discharging temporal lobe "attracted" the ascending auditory information. Whether this is due to facilitation within that hemisphere, or to inhibition of the contralateral homotopic cortex,<sup>3</sup> is uncertain. Similarly, Hunter and associates<sup>4</sup> found that the presence

of an epileptogenic parietal focus in a split-brain monkey resulted in enhanced interhemispheric transfer of motor learning. Apparently the focus enabled activation of latent subcortical interhemispheric pathways. Blinkov and Moskatova<sup>5</sup> found a paradoxical decrease in reaction time within a focally epileptic hemisphere with minimal tissue damage.

It is interesting to speculate that the parietooccipital focus in Dr. Jacobs' patient facilitated interhemispheric and recurrent corticothalamic circuits. Once the visual information was "attracted" from the normal hemisphere, it was perpetuated by corticothalamic reverberation in much the same way that facilitated reverberations maintain the seizure discharge itself.<sup>3</sup> In more extensive seizures, such sensory information would be immediately lost. But in milder seizures, if Stevens' notion<sup>6</sup> of spikes as signals of "imperative" information is correct, the visual information could remain encoded along with the reverberating discharges, giving rise to the allesthesia.

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4. Hunter M, Maccabe JJ, Ettlinger G. Transfer of training between the bands in a split-brain monkey with chronic parietal discharges. *Cortex* 1976; 12:27-30.
5. Blinkov SM, Moskatova AK. Paradoxical decrease of the reaction time in focal epilepsy. *Cortex* 1967; 3:218-32.
6. Stevens JR. The EEG spike: signal of information transmission? *Ann Neurol* 1977; 1:309-14.

**Reply from the Author:** Several perceptual disorders encountered in clinical practice suggest that the irritated cortex may sometimes attract and maintain sensory experiences. Seventy-five percent of patients with "typical" palinopsia had seizures with predominant discharges from the parietooccipital region contralateral to the defective visual field (in which both the real and the perseverated images were seen).<sup>1</sup> The patient with visual allesthesia who had discharges in the right parietooccipital lobe had atypical palinopsia; illusory images in the defective left field were transpositions of objects previously viewed in the normal right field, implying interhemispheric transfer of a visual percept from a normal to an irritated parietooccipital lobe.<sup>2</sup> Similarly, 86% of patients with palinacousis (auditory perseverations) had seizures with the predominant discharges occurring in the temporal region contralateral

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## Correction

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**This information is current as of April 1, 1981**

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