



Figure. High-resolution time-of-flight MR angiography (MRA) of the intracranial arteries (view from the top). (A) Multiple narrowing in several vascular territories (arrowheads). (B) A 71-day follow-up MRA shows regular vessels.

MR angiography in migrainous vasospasm

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A 60-year-old woman with a history of migraine without aura presented with severe headache attacks provoked by swimming in cold water lasting 1 to 6 hours accompanied by vomiting, nausea, and photophobia. The patient had no neurologic symptoms such as visual aura, hemiparesis, hemisensory loss, dysphasia, or vertigo related to the onset of the headache or the time of the first MR angiography (MRA). Initial self-medication with ergotamine and acetylsalicylic acid was ineffective. Blood pressure, blood indices,

and tests for vasculitis-associated antibodies were normal. On CT and MRI, we found no evidence for subarachnoid hemorrhage or cerebral edema. MRA done after 6 days after onset showed narrowing of multiple branches of cerebral arteries (figure, A). The headache attacks improved promptly to a combination of 1 mg ergotamine and 200 mg propyphenazone given subsequently to MRI. Clinical symptoms declined completely within 3 weeks. At 71-day follow-up MRA (figure, B) depicted normal vessels. The known evidence of vasospasm in prolonged migraine^{1,2} is most likely an epiphenomenon unrelated to headaches.² We cannot entirely rule out that initial administration of ergotamine did contribute to the vessel situation.

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