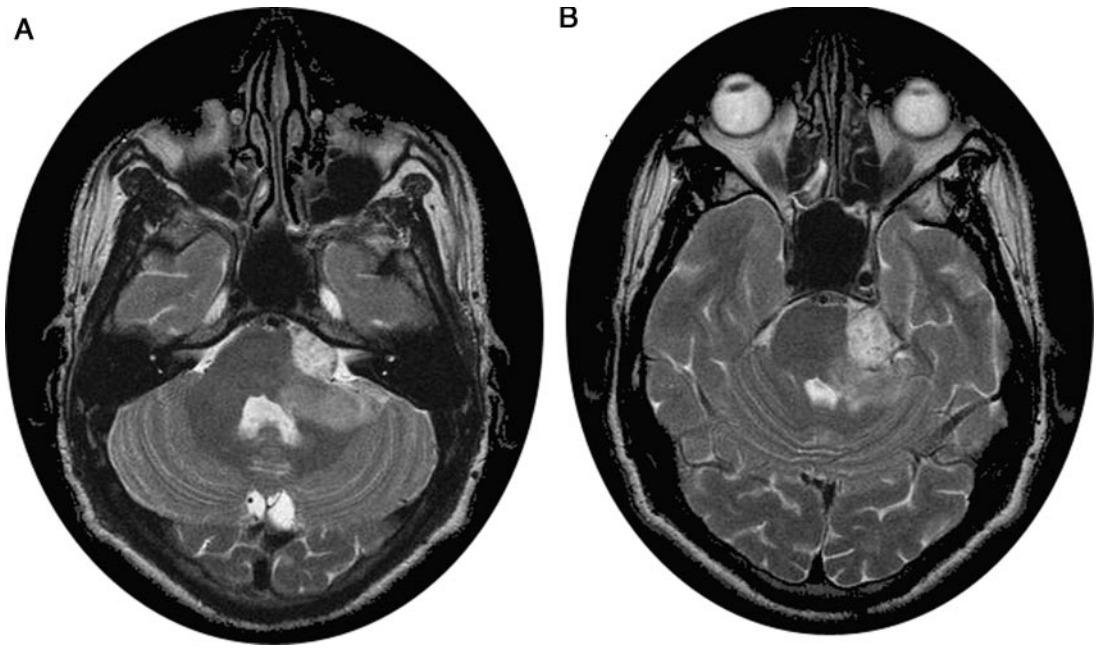
Cluster-like headache secondary to trigeminal meningioma

Figure MRI demonstrating a tumor arising from the left trigeminal nerve



A 22 × 10 × 23 mm left cerebellopontine angle mass indents the pons and cerebellum and extends to left petrous apex. It has high signal on T2 (A, B), low signal on T1, and vividly enhances with contrast.

A 30-year-old man presented with episodic severe left orbital pain associated with ipsilateral lacrimation, rhinorrhea, and conjunctival injection. Attacks lasted 15–60 minutes, occurred two to four times per month, and partially resolved with verapamil and sumatriptan. Examination was normal apart from reduced sensation over the left maxillary nerve. MRI demonstrated a tumor arising from the left trigeminal nerve (figure, A and B). The tumor was surgically resected and the headaches resolved completely. Histology confirmed a grade II choroid meningioma. Many headache experts recommend mandatory neuroimaging in patients with new onset trigeminal-autonomic cephalalgia to exclude secondary causes, especially in those with atypical features such as cranial neuropathies or unusual periodicity.

Jane Alty, MRCP (UK) MA, Peter Kempster, MD MRCP (UK), FRACP, and Sanjay Raghav, FRACP, Melbourne, Victoria, Australia

Disclosure: The authors report no disclosures.

Address correspondence and reprint requests to Dr. Sanjay Raghav, Monash Medical Centre, 246 Clayton Road, Melbourne, Victoria 3168, Australia; sanjay.raghav@southernhealth.org.au

Cluster-like headache secondary to trigeminal meningioma

Jane Alty, Peter Kempster and Sanjay Raghav

Neurology 2008;70;1938
DOI 10.1212/01.wnl.0000312286.64144.2e