

Headache in Patients with Rheumatoid Arthritis

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Introduction : Background/Purpose

Rheumatoid arthritis (RA) may cause joint inflammation and structural damage especially in upper cervical spine like atlantooccipital or atlantoaxial joint (AAJ)¹ We report the potential benefit of interventional management in two patients with history of RA combined with intractable headache.

Methodology

Patient profile:

Case 1: a 74 year-old female; RA for 30 years; right dull aching sub-occipital headache over 1 year.

Case 2: a 54 year-old female; RA for 20 years; bilateral throbbing alternate migraine and dull aching over occipital and frontal area for 10 years.

Intervention:

1. AAJ steroid injection in both patients (fig 1)
2. Third occipital nerve (TON) blocks in both patients (fig 2)
3. C3/4 medial branch (MB) blocks in Case 2 patient (fig 3)
4. Radiofrequency neurotomy (RFN, fig 4) in both patients

Results

1. AAJ steroid injection: no effect in case 1; temporary effect in case 2.
2. TON blocks: pain relief more than 80% in case 1 (two right side blocks).
3. TON and C3/4 MB blocks: 100% pain relief in case 2 (two bilateral blocks).
4. RFN according to the results of block: headache free without analgesic use in case 1 and lasted for 4 months; with preventive medicine only for migraine attack and lasted for 5 months in case 2.

Discussions and Conclusions

Most studies on cervicogenic headache (CGH) have been conducted in patients with history of trauma.² There is no report about RA patients with headache can be managed like CGH. After effective controlled MB block, RFN can be added in the armamentarium of managing intractable headache in RA patients.

References

1. Eur Spine J (2009) 18: 1130-1134.
2. Med Clin N Am (2013) 97: 267-280.



Fig.1. AAJ injection in case 2.



Fig.2. TON block in case 1.



Fig.3. C3/4 MB block in case 2.

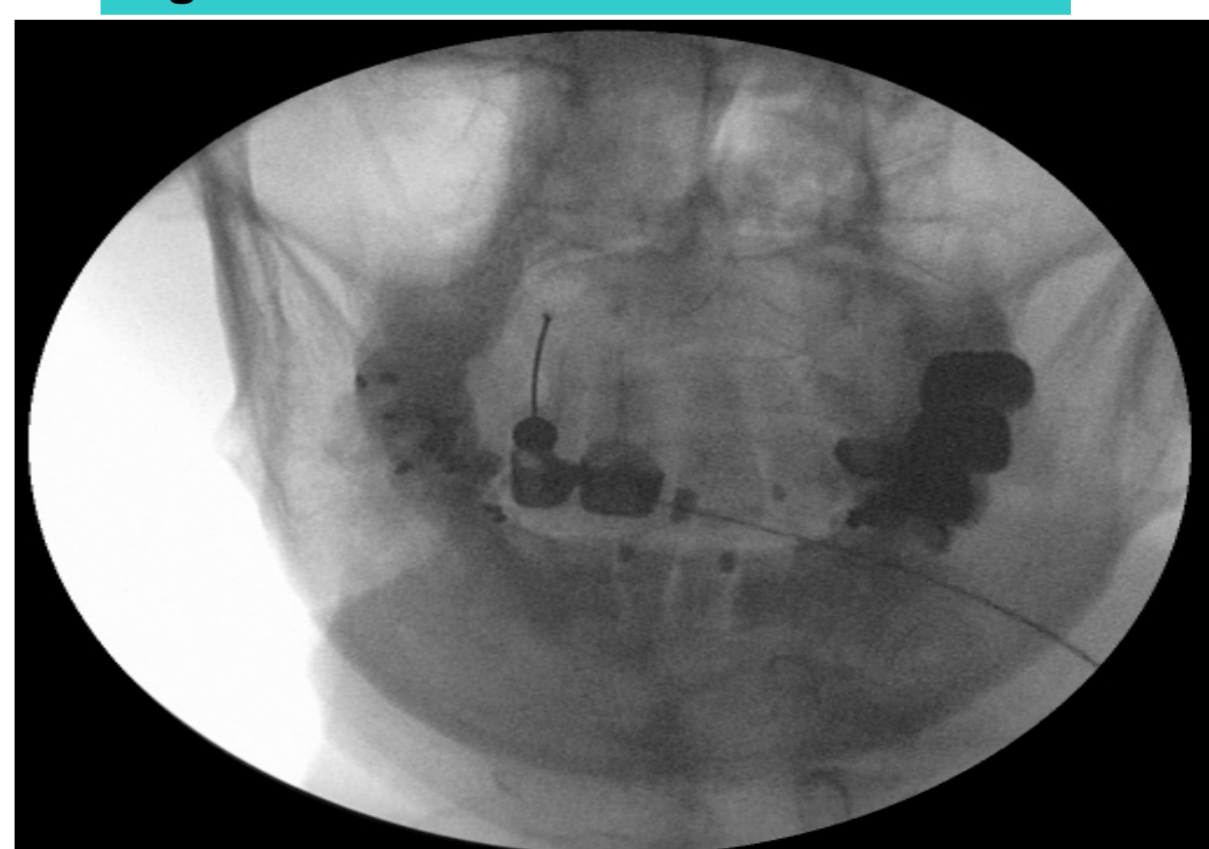


Fig.4. RFN at TON in case 2.