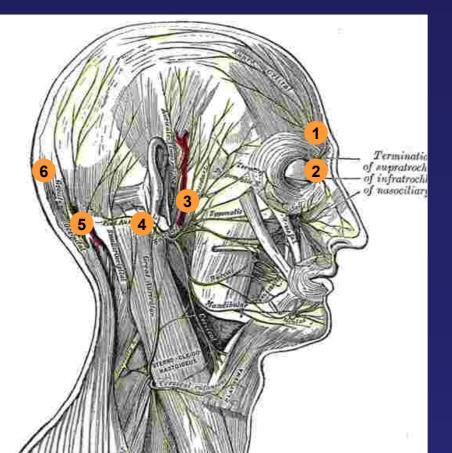
PROPHYLACTIC EFFECT OF LOCAL INFILTRATION IN PREVENTIVE-RESISTANT MIGRAINE WITH CRANIAL OR NECK TENDER POINTS: RESULTS OF AN OBSERVATIONAL STUDY OF 21 CASES.

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Purpose

1-.SUPRAORBITAL NOTCH.
2-.TROCHLEAR REGION.
3-.TEMPOROMANDIBULAR NOTCH.
4-.MASTOID.
5-.OCCIPITAL NERVE.
6-.OCCIPITAL MUSCLE INSERTION.

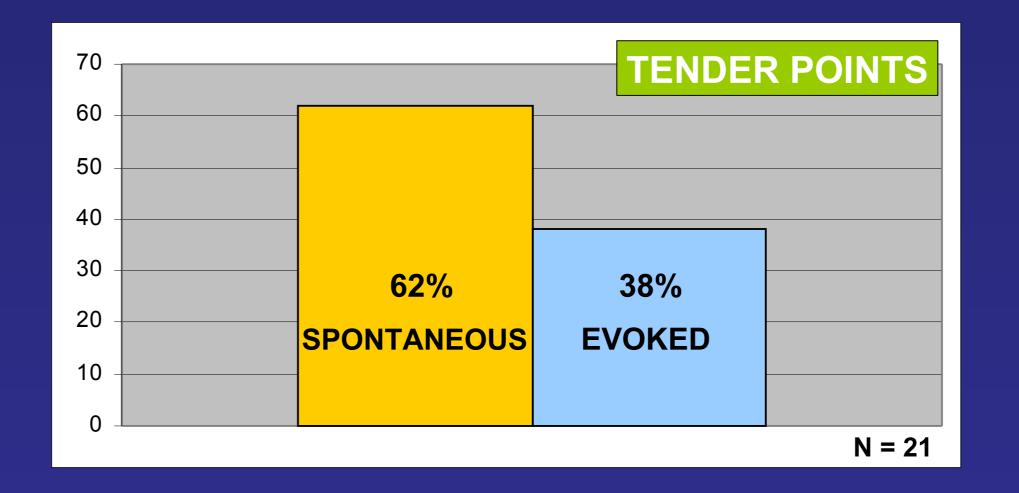


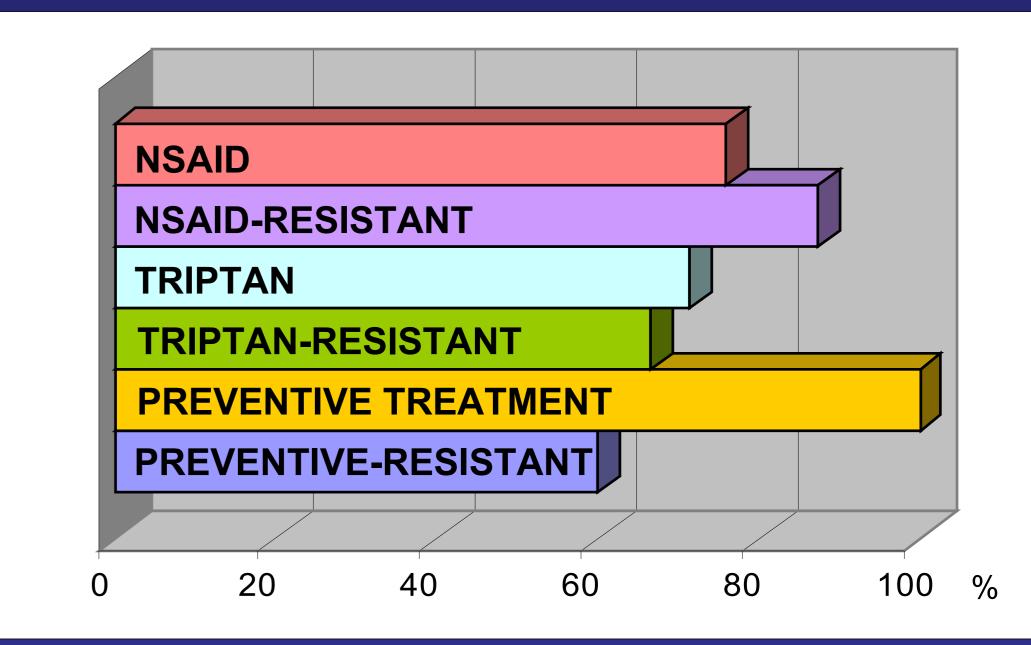
•Chronic head and neck tender points could be triggers of migraine crisis. Their treatment might have a beneficial effect on migraine. The present study was designed to investigate the therapeutic value of anaesthetic plus steroid infiltration of cranial or neck tender points in migraine prophylaxis.



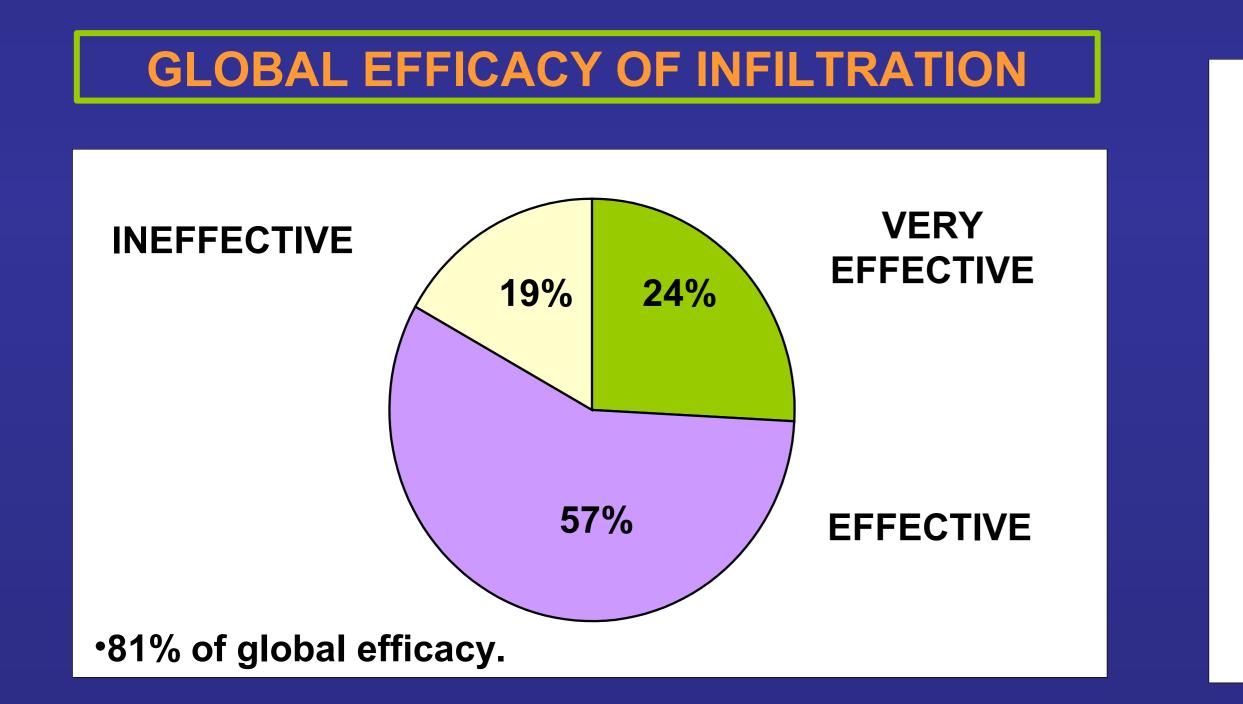
Methods

•We performed an observational and longitudinal study. We recruited 21 migraineurs (20F:1M) from a Headache Unit, who presented neck or cranial tender points. When preventive treatment was ineffective, local infiltration with 1 ml of mepivacaine 2% + 1 ml of triamcinolone was performed. We tested the effect of this method in the change of frequency, intensity and duration of crisis, response to symptomatic treatment and analgesic abuse, before and after infiltration.





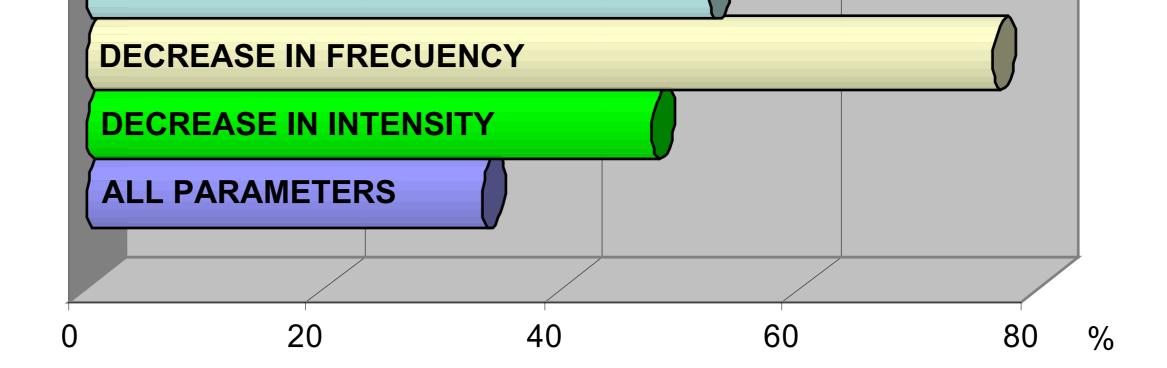
Results



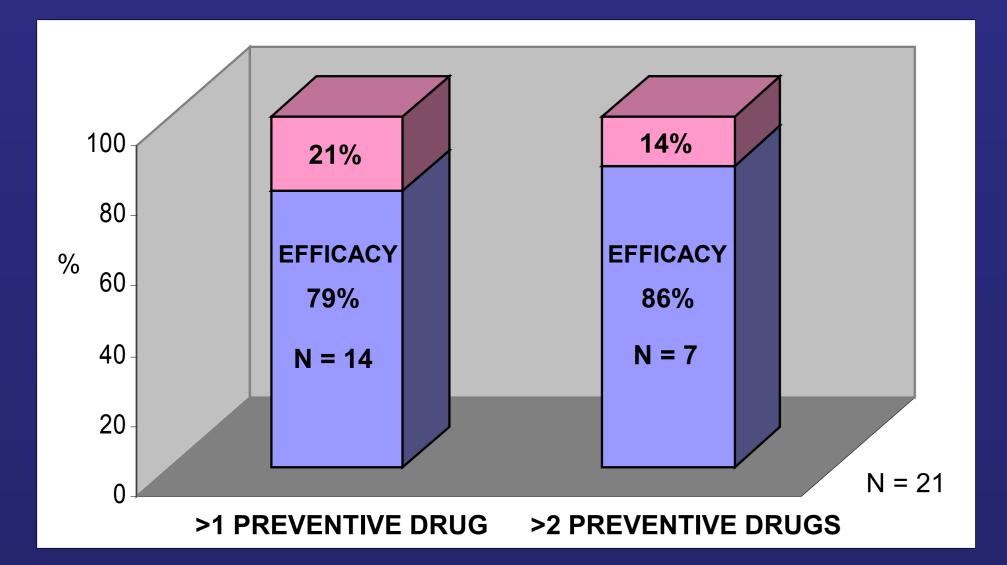
RESPONSE TO S	YMPTOMATIC DRUGS	
DECREASE IN DU	IRATION	

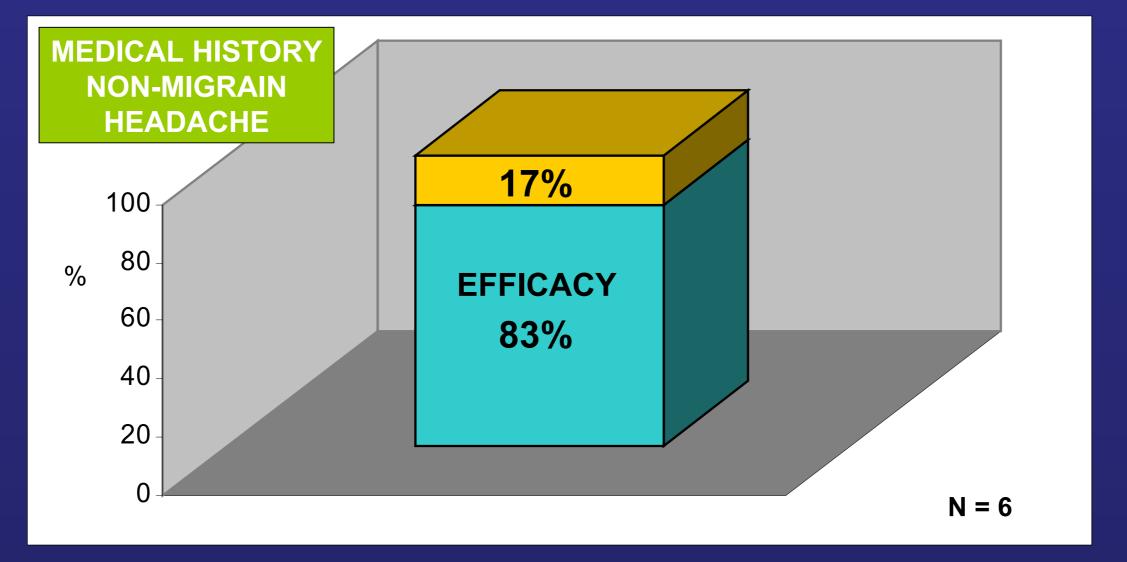
DETACHED EFFICACY: -RESPONSE TO SYMPTOMATIC DRUGS

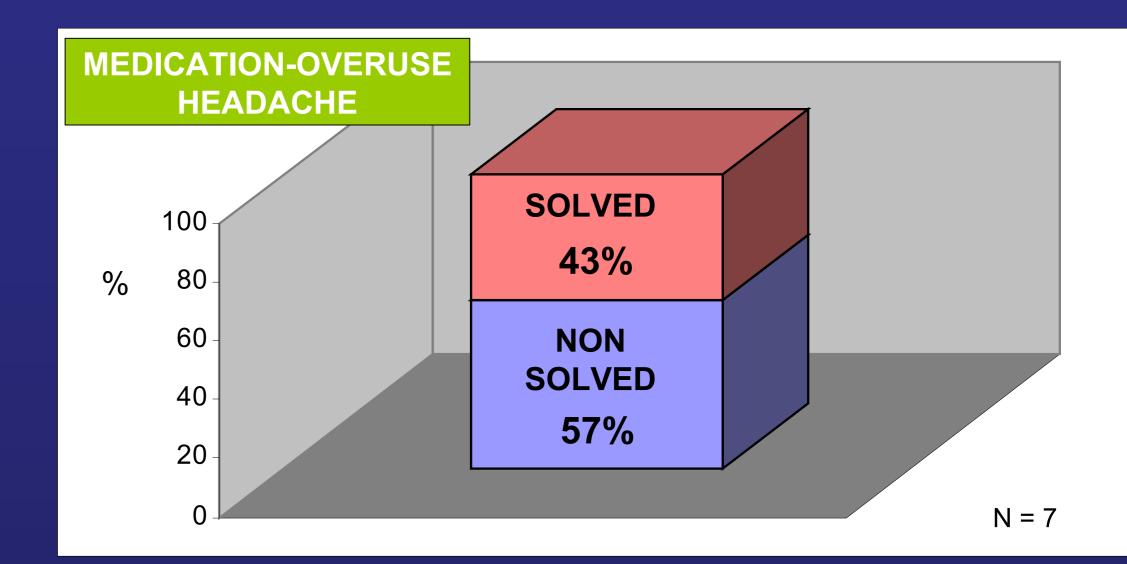
PREVIOUS TREATMENT AND EFFICACY











USE OF PREVIOUS PREVENTIVE TREATMENT

MEDICAL HISTORY NON-MIGRAIN HEADACHE

EFFICACY OF INFILTRATION IN PATIENTS

Similar efficacy was observed in migraineurs with and without aura.
There was not any differences between long-term or short-term migraine history and global efficacy of infiltration.
In most patients, pain was controlled by local infiltration in one session.

•Two cases presented mild local complications (pain and haematoma).

Conclusions

 Local infiltration seems to be useful and safe in migraineurs resistant to preventive treatment who present cranial or neck tender points.