



Mind Games: Migraine or More?

David Yue, MD

Ann, 22, comes to your office for a second opinion after being sent home from the emergency department (ED) the previous evening.

She had attended the ED because she had woken up with a severe headache and eventually passed out. There had been no generalized convulsions observed. She had been taken to the hospital by ambulance.

She tells you she has been feeling some neck pain over the last four days and has even had some dizzy spells. There is no recent history of head trauma.

She denies any fever, but says she is seeing “patches” with the headaches, which is not consistent with her regular migraines.

Her immunization status is up to date, including a meningococcal vaccine a year ago. In the ED, she was sent home with ibuprofen after having been diagnosed with a migraine. Ann’s friend is concerned because she is still confused and amnesic of the evening.

Ann’s medical history includes recurrent headaches of two-and-a-half years. Her typical headache is right temporal, throbbing, and associated with photophobia and phonophobia. It occurs every two to three months, lasts a day, and is usually relieved with

Table 1

Exam results

- The patient is oriented to place, but not time
- Temperature: 36.5 C
- Pulse: 80 beats/minute
- Blood pressure: 100/60 mmHg
- Respiratory rate: 20 breaths/minute
- Head and neck exam: Unremarkable
- Tympanic membranes: Normal
- PERLA and optic discs: Well delineated
- Cranial nerves II to XII: Normal
- Range of motion of cervical spine: Decreased in flexion and extension due to tenderness in bilateral trapezius and paracervical muscles
- No meningeal signs
- Auscultation of the thorax: Normal breath and heart sounds
- Abdomen: Normal
- Reflexes: Symmetric and bilateral
- Muscle strength: 5/5 in all four extremities
- Sensations: Normal

PERLA: Pupils equal, react to light and accommodation

ibuprofen. There is never any associated confusion or amnesia. She is also taking an oral

selective serotonin reuptake inhibitor intermittently for depressive symptoms. She has no history of seizures.

Ann's exam results are listed in Table 1.

She is referred back to the ED for another assessment. However, she is discharged from the ED once again with ibuprofen, but no investigation.

She returns to your office the following day stating the headache is better, but her speech is slower and she is still feeling dizzy. Results of her physical exam are essentially the same. Her SMA-12 is within normal limits and her electrocardiogram is normal. She is referred to a neurologist the following day for ongoing symptoms.

Answer: "Complicated" migraine

Due to her loss of consciousness, prolonged confusion, and amnesia, Ann is booked for a magnetic resonance imaging (MRI) scan and an electroencephalogram (EEG).

While her MRI is normal, the EEG recording is reported "mildly abnormal" because of intermittent dysrhythmic activity in the right temporal occipital area. No specific epileptic activity is seen.

Based on these investigations, she is diagnosed with a "complicated" type of migraine. **Dx**

Dr. Yue is a general practitioner, Edmonton, Alberta.

What's your diagnosis?

- a) Temporal lobe epilepsy
- b) Subarachnoid hemorrhage
- c) Basilar migraine
- d) "Complicated" migraine

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