

V: Chronic Pain II

18. Sphenopalatine Ganglion Block (SPG) for the treatment of migraine

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Aim: Migraine is the second most common form of headache after tension headache. Migraine affects 11% of the population, and is 3 times more common in women than in men. Studies have shown that migraine affects the functionality of patients at a rate of 53.7%. Aim of this study is to describe the effectiveness of SPG blockade in a female patient with chronic persistent migraine.

Methods & material: We used data from our clinic. The patient came to our clinic with severe migraine (VAS pain 10) for more than two years. Her history reports migraine worsening in the last two years (>15 episodes per month). The pain is localized unilaterally is high intensity and with pulsating character. She also refers nausea, vomiting and dizziness with pain. After the remission of acute pain the patient describes cognitive dysfunction, depression and weakness. Her medication was Paracetamol 1 gr every 6 hours, Sertraline 100 mg daily, Amitriptyline 25 mg daily and Rizatriptan 10mg for crisis treatment. SPG blockage was suggested to her for treatment which she accepted. Lidocaine 2% 0.6 mL to each nostril administered via nasal catheter (TX 360).

Results: A total of 4 treatments were applied (1 every 30 days). At the end of the first treatment the patient reports pain relief after 15 minute VAS pain 6. The only side effect was tearing. She gradually reduced her medication. She only retain Rizatriptan. She was also start prophylactic treatment of migraine with Propranolol. At the end of the four treatment the patient reports VAS pain 0, without any episodes of acute pain and she return to her normal activity.

Conclusions: SPG blockage is a simply effective and painless method to treat chronic migraine, without any serious side effects.

References

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