

Temporal response to bupivacaine bilateral great occipital block in a patient with SUNCT syndrome

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Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT) syndrome is an infrequent form of unilateral headache accompanied by cranial autonomic features [1]. The pain is severe, and the titrations of some of the drugs have to be slow to prevent side effects [2, 3]. We present a case of a patient with SUNCT syndrome who showed a temporal improvement of pain with bupivacaine greater occipital nerve (GON) block.

A 82-year-old woman was admitted because of recent onset of facial pain. Intense attacks of periorcular left pain, lasting for 2 min, had started 3 days previously. She also experienced conjunctival injection and lacrimation during the attacks. She suffered from 10 to 20 attacks per day. The neurological examination was absolutely normal, except that touching the left forehead triggered the pain without any refractory period. In the emergency room, with the suspicion of trigeminal neuralgia, she was prescribed carbamazepine 600 mg daily for a week, phenytoin 300 mg daily for a week and tramadol 100 mg for 4 days, without any improvement. After a headache unit evaluation the diagnosis of SUNCT was made and we put the patient on lamotrigine and gabapentin with slow titration. Because the patient was suffering from intense pain we decided to prove a bupivacaine GON block; she was asymptomatic for 48 h. After 2 weeks she started with gabapentin 1,800 mg and lamotrigine 75 mg daily. The pain attacks improved and in one more week she became asymptomatic.

The response of SUNCT to intravenous lidocaine has been described previously [4]. Intravenous lidocaine perfusion carries risks, especially in the elderly [4]. GON block has been used in several primary headaches, such as migraine, cluster headache and hemicrania continua. Some studies show that GON block could change trigeminal activity [5]. GON block is a safe therapy and could be an option for alleviation of SUNCT pain during oral drugs titration.

Conflict of interest None.

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