Case	(677) Handle headache: when you must suspect it
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CASE PRESENTATION

A 50-year-old woman, with any previous pathology, was admitted to the emergency room for a first episode of loss of visual capacity (central scotoma and visual alucinosis in her right field). After she recovered her visual capacity, she started with motor aphasia and right headache. The initial diagnosis was an atypical acute stroke (symptoms depending on two vascular territories).

The CT scan and the CT-angiography of the brain were normal.

The perfusion CT study presented an extensive decreased in the time-related parameters with normal flow and volumen in the left parietal and occipital lobules (territory of the medial and posterior cerebral arteries).

Her recovery was quick and she was discharged 24 hours after the begining of the symptoms. As she was completely asymptomatic, a lumbar puncture (LP) wasn´t attempted it.

DISCUSSION

The syndrome of transient headache and neurologic deficits with cerebrospinal fluid lymphocytosis (HaNDL) is a self-limited, benign entity. It is speculated to be a severe migraine, an inflammatory or infectious origin Head CT perfusion have demonstrated global hemispheric or focal regions of hypoperfusion correlating with neurologic deficits, supporting the role of a cortical spreading depression.

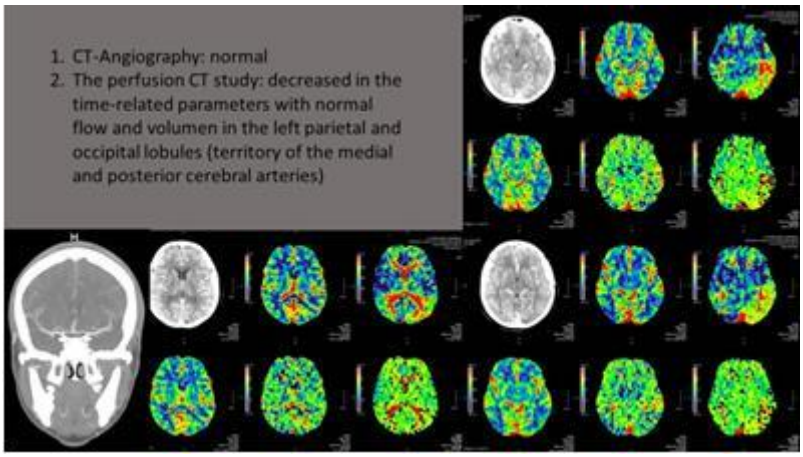
Neurologic deficits involves different neurovascular territories, can develop before, during or after the headache and entails sensory symptoms, aphasia and motor deficits or more rarely, visual symptoms.

CSF lymphocytic pleocytosis is presented and mostly there is not a previous history of migrainous headaches. The attacks last from hours to 3 days and are separated by symptom-free intervals.

Lumbar puncture shows CFS lymohocytosis. HaNDL is a monophasic, self-limiting condition that runs its course usually within a few months from onset, without leaving any neurological sequelae.

CONCLUSION

HaNDL is considered as a rare síndrome, although it is probably underreported or misdiagnosed. A possible cause is that the quick recovery of the patient makes it difficult to justify a lumbar puncture, even more so when the prognosis is good. We should be borne in mind and propose systematically lumbar puncture at the clinical suspicion.



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