

Treatment of Refractory Post-Stroke Headache in the Acute Rehabilitation Setting

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Introduction:

Post-stroke headaches are a common problem in acute rehabilitation settings where there is often a restriction on available treatment options such as IV medications. Conservative management with oral medications is often inadequate and the pain can affect the patient's ability to participate in therapy.

This is a case series including 3 patients who had failed oral medications including NSAIDs, steroids, magnesium, triptans, and butalbital who were inquiring about further pain control options. Intervention utilizing supraorbital, greater occipital, and lesser occipital nerve blocks have shown promise in restoring functional capacity to participate in therapy.

Cases:

1. 86 year old female with 10/10 refractory headache 2/2 SAH.
2. 68 year old male with 8/10 refractory headache after right MCA stroke and decompressive craniotomy.
3. 62 year old female with left-sided weakness, a stable subdural hematoma and a 6/10 headache.

Results:

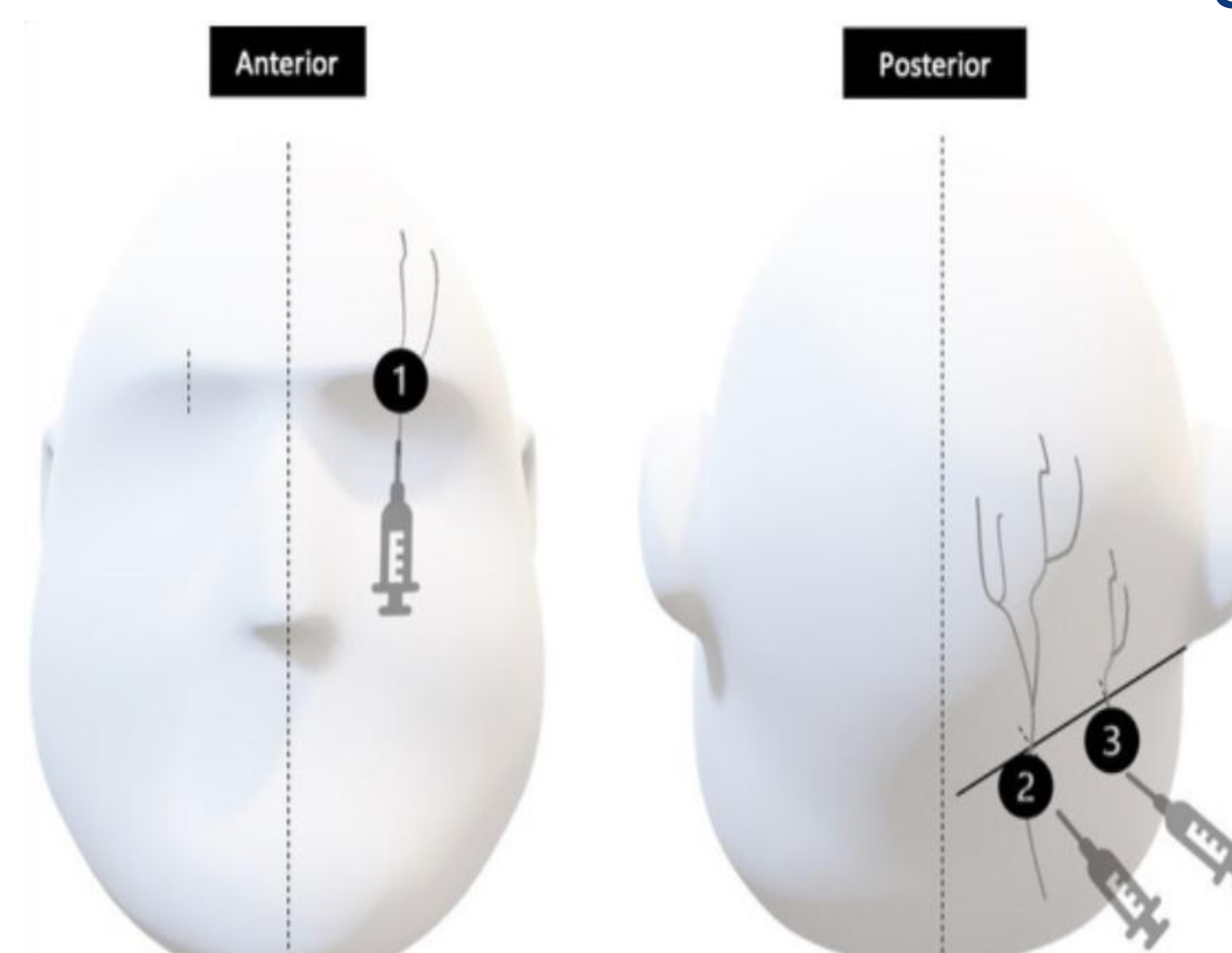
Due to material constraints, formulation for nerve blocks had to be adapted with each patient. Utilizing the work of Rajagopalan et al 2023 as a framework, patients underwent nerve blocks with relief lasting between 36 hours and 14 days using only local anesthetic and 29G 1mL insulin syringes.

Conclusions:

In patients with intractable headaches after intracranial pathology or stroke, nerve blocks could be attempted as an adjunctive treatment, particularly in a setting where standard treatment with IV medications isn't feasible.

Future Opportunities:

Further research into the efficacy of supraorbital, greater occipital, and lesser occipital nerve blocks in treatment of post-stroke headache and if early intervention improves long term prevalence would be worthwhile.



From Rajagopalan et al. 2023 for demonstration of anatomical landmark guided injection sites. Site 1 is the supraorbital nerve that is identified at the mid-pupillary line. Site 2 is the greater occipital nerve that is identified approximately 1/3 the distance from the occipital protuberance and the mastoid process. Site 3 is the lesser occipital nerve that is identified approximately 2/3 the distance.



For complete case series paper and discussion, scan QR code with your phone.

In refractory post-stroke headaches, treatment with supraorbital, greater occipital, and lesser occipital nerve blocks can provide days to weeks of lasting relief utilizing only local anesthetic