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A TEACHING HOSPITAL

Etiology First: A Life-Threatening Cerebellar Mass Unveiled in Refractory Non-Classical Cephalgia.

Beyond Pain Management

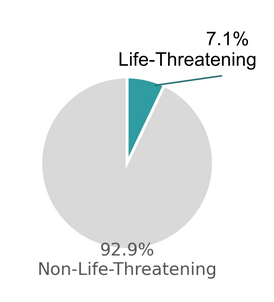
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ASRA PAIN MEDICINE

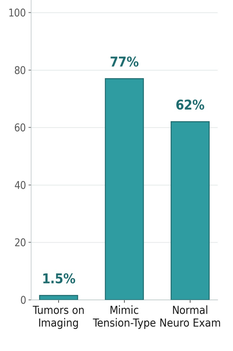
INTRODUCTION

- **7.1%** of ED headaches are life-threatening secondary headaches.
- **1.5%** of neuroimaging headache patients have intracranial tumors.
- **77%** of brain tumor headaches mimic tension-type patterns.
- **62%** of intracranial lesions present with normal neurologic examinations.
- **Red flags** should be identified before initiating headache management.

DATA VISUALIZATION



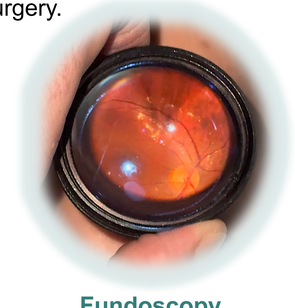
Life-Threatening Headaches in the ED



Intracranial Tumor Presentation

CASE REPORT

- 20-year-old male with new, progressive occipital-to-frontal headaches, positional/Valsalva exacerbation, and visual symptoms.
- No fever, meningeal signs, or papilledema.
- Alert with subtle psychomotor slowing; otherwise normal neurologic examination.
- No symptom relief with NSAIDs or muscle relaxants.
- MRI: 4 × 3.1 × 2.3 cm right cerebellar mass with diffusion restriction, mass effect, and mild hydrocephalus; favored medulloblastoma.
- IV dexamethasone resulted in headache resolution within 48 hours; discharged for elective surgery.



Fundoscopy

IMAGING

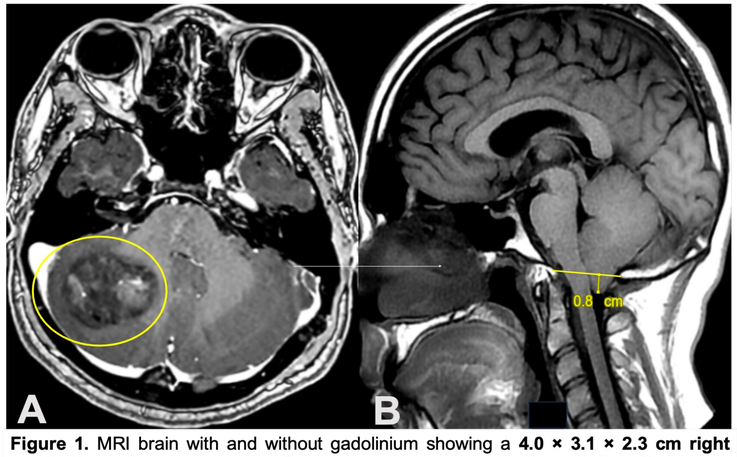


Figure 1. MRI brain with and without gadolinium showing a **4.0 × 3.1 × 2.3 cm right cerebellar enhancing mass with surrounding edema (yellow circle, A)**, causing fourth ventricular effacement and **8 mm tonsillar herniation below the McRae line (yellow line, B)** with evolving mild hydrocephalus. Findings favor **medulloblastoma**.

Full Abstract & Case details

SCREENING

SNNOOP10 Red-Flag Screening

Red Flag	Description	Present?
Positional	Occipital-to-frontal, positional pattern	**Yes**
Precipitated by Valsalva	Precipitated by Valsalva or exertion	**Yes**
Progressive	Progressive, worsening over time	**Yes**
Neurologic symptoms	New neurologic or visual symptoms	**Yes**
Pattern change	Pattern change, no relief with treatment	**Yes**
Others	—	**N/A**

Systematic SNNOOP10 red-flag screening is crucial before diagnosis and treatment in headache management.

DISCUSSION

- Positional, Valsalva-triggered, progressive, or refractory headache warrants imaging.
- Normal examination and absent papilledema do not exclude raised intracranial pressure; papilledema sensitivity is 48%.
- Screen with SNNOOP10
- Avoid anchoring on prior tension headaches; establish etiology before analgesia.

REFERENCES

- Kelly AM, et al. Epidemiology, investigation, management, and outcome of headache in emergency departments (HEAD study). Headache. 2021;61(10):1539-1552.
- Martínez Barbero JP, et al. Prevalence and risk factors associated with tumors and other structural anomalies in brain MRI performed to rule out secondary headache. Int J Environ Res Public Health. 2022;19(13):7808.
- Do TP, et al. Red and orange flags for secondary headaches in clinical practice: SNNOOP10 list. Neurology. 2019;92(3):134-144.
- He Y, et al. Prevalence and treatment of typical and atypical headaches in patients with Chiari I malformation: a meta-analysis. Cephalalgia. 2023;43(8):1-12.
- Cho S, Chu MK. Headache in brain tumors. Neurol Clin. 2024;42(2):457-469.