

# Cluster headache/ PGS/ diagnostics

Template:PGS The pain is whipped, of very strong intensity, the patient cannot stand lying down and has to walk. They often appear at night. They are located **temporally** or **periorbital, unilaterally** and are accompanied by **lacrimation**, nasal secretions and Horner's syndrome. Pain tends to accumulate within a few days of the year, often in the spring and fall. The diagnostic criteria are in the table:

Diagnostická kritéria cluster headache

A. At least 5 attacks meeting criteria B-D
B. Intense unilateral orbital, supraorbital and / or temporal pain lasting 15-180 minutes
C. At least one of the following pain symptoms: <ul style="list-style-type: none"><li>■ conjunctival congestion</li><li>■ lacrimation</li><li>■ rhinorrhea</li><li>■ forehead or facial hyperhidrosis</li><li>■ miosis</li><li>■ ptosis</li><li>■ eyelid edema</li><li>■ nasal congestion</li></ul>
D. Attack frequency 1-8 times daily
E. Anamnesis, neurological examination, or ancillary examination methods do not indicate secondary headache , or secondary headache is present, but the cluster headache did not occur for the first time in connection with this disease

- Oxygen inhalation, sumatriptan, is used **therapeutically for corticosteroids**.
- We **differentially diagnose** the dissection of the carotid artery *event at the first discovery and rupture of the aneurysm. We perform MRI, MRI AG, angiography, ultrasound.*

## Links

- ws: Cluster headache/PGS/diagnostika

Headaches/PGS