

Migraine and Epistaxis: clinical and therapeutic evidences

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Migraine is a common neurological disorder characterized by painful episodes sometimes preceded by transient neurological symptoms and reversible defined migraine aura. Rarer forms of migraine are hemiplegic migraine, familial and sporadic, the retinal migraine and migraine equivalents. For the two most common forms of migraine with and without aura, the prevalence appears to be higher in females (5% and 11% respectively). In the literature there are very rare reports of primary migraine associated with epistaxis.

Therefore, in the present study we have observed a series of patients with migraine-associated phenomena recurrent epistaxis in order to define the clinical features and therapeutic response to flunarizine.

The study sample consists of 12 patients (7F and 5 M) suffering from migraine without aura (ICHD-II04 criteria) accompanied by epistaxis, migraine with a history of at least one year and an average age of 23.2 years (range 20-38). In 10 patients, episodes of migraine most often presented themselves during the day with epistaxis small claims, in a case of such gravity as to refer for medical treatment under emergency. In the other 2 patients, the headache, the higher frequency compared to the previous cases, it appeared only during sleep and is constantly accompanied episodes of moderate epistaxis. All patients were subjected to neurological examination, ENT and cardiology, holter pressure, routine laboratory tests and PT, PTT, fibrinogen, AT-III, d-dimer, EEG, CT and / or MRI brain, CT High focused on the definition of the facial complex ostiomeatale. All examinations were normal. Patients were subjected to drug therapy at a dose of flunarizine with 5mg/die, for three months, with significant ($P < 0.05$) reduction in the frequency of attacks monitored through a paper diary to monthly follow-ups and disappearance of the episodes of epistaxis.

In literature there are rare case reports of forms of primary headache associated with epistaxis. In our series of patients there is a definite diagnosis of migraine without aura with epistaxis closely associated with headache without any risk factor for epistaxis. The pathogenesis of epistaxis in migraine may be related to the complex vascular disorder at the base of this frequent neurological disorder. Based on this consideration, we subjected the patients to prophylactic therapy with a calcium channel blocker, the flunarizine, which resulted in not only a significant reduction in episodes of headache, but also the disappearance of epistaxis. Thus we seem to be able to conclude that migraine with epistaxis is an uncommon variant of migraine, the frequency is higher in females and can present an optimal response to drugs that modulate the tone of the vessel wall, such as calcium channel blockers.