

# Migraine Myth of the Month



**If your headaches always occur on the same side of your head, there is a very good possibility that you have a brain tumor or another serious cause for your headaches.**

Not so! While it would seem to make sense that individuals experiencing chronic headache that always occurs on one side of the head or the other should be more likely to have a *secondary* cause for their head pain (such as a brain tumor or something else no less awful), so-called “side-locked” headache is in fact quite common in migraine. And there is no evidence to suggest that migraineurs with side-locked headache are any more likely to have a structural brain abnormality causing their headaches than are migraineurs whose headaches are bilateral or alternate from one side to the other.

On the other hand, there are a number

of other primary headache disorders which are almost always side-locked. For example, both within a given cycle of cluster headache and even from cycle to cycle, the intense and (thankfully) brief individual attacks of pain typically occur on the same side. Similar to cluster in its side-locked predilection and other clinical features but notable for involving a higher frequency of individual attacks that are even shorter in duration is **paroxysmal hemicrania**. Also notable in regards to paroxysmal hemicrania: this headache disorder invariably responds to treatment with a specific nonsteroidal anti-inflammatory drug, indomethacin (see this issue’s “Migraine Treatment of the Month”).

At the other end of the side-locked spectrum in terms of headache duration is **hemicrania continua**, an aptly-named primary headache disorder wherein the afflicted individual experiences *continuous* head pain that is side-locked

to the right or left, waxes and wanes in severity and, when it is severe, may be accompanied by eye tearing, nasal congestion or runny nose, eye redness or eyelid droop occurring on the same side as the headache. As with paroxysmal hemicrania, hemicrania continua is, by definition, invariably, dramatically and rapidly responsive to treatment with indomethacin.

Even so, for individuals with side-locked headache or headache generally, if you are experiencing recurrent episodes of headache which at times significantly inhibits or prohibits routine activity, **think migraine first**. Such is the prevalence of migraine in the general population that even less common clinical variations of migraine will occur much more commonly than another primary headache disorder or a secondary headache disorder caused by brain tumor, sinus disease or another structural or metabolic abnormality. **W**