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Short Communication

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Chronic Post Traumatic Headaches Unresponsive to Medication Management

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Headache, Post Traumatic Headache, Traumatic Brain Injury, Chronic Pain

Chronic post traumatic headaches (PTH) are being more frequently seen in military medicine due to the increasing prevalence of patients suffering from explosive related head injuries (1). Data from recent wars in the Middle East have shown a higher proportion of traumatic brain injuries (TBI) caused by blast-related and explosive injuries (1-3). Patients who have served in military combat operations in the middle-east have a higher chance to develop PTH related to TBIs. These patients can be difficult to manage as there are limited medication options for the treatment of these headaches in patients. This brief report describes 2 patients who suffered from chronic PTH who failed a multitude of medication management.

Both patients were middle aged male patients who were suffering from chronic PTH. The first patient had a history of a mild TBI from being in the military while the other patient had a history of PTH after a head injury during a physical fight. Both patients described chronic daily headaches. Both headaches were primarily occipital and temporal in nature. These headaches were not associated with photophobia or nausea. The first patient rated his headaches at 8/10 severity while the second patient rated his at 6/10 on a numerical rating scale. These patients had been evaluated by primary care physicians as well as neurologists before being referred to pain management and headache specialists at our clinic.

Both patients were trialed on a variety of medications as well as physical therapy. The patients tried acetaminophen, NSAIDs, and gabapentin. The first patient had also been trialed on tricyclic antidepressants and Topiramate but was unable to tolerate the sedating side effects. The second patient was also trialed on beta-blockers as well as antiepileptic medications, though without much relief and issues with cognition. Neither patient was able to achieve optimal relief with medication management. Both required referral for interventional pain management procedures.

Chronic PTH appears to be especially challenging to treat. We attempted a variety of medication management options, excluding opioids, in our

patients without success. Neither patient was able to achieve satisfactory relief with medication management for their headaches, and also experienced unwanted side effects including sedation and issues with cognition. There is some evidence that interventional procedures can be a valuable tool for headache disorders such as third occipital neuralgia and cervicogenic headaches (4-6). Physicians may want to consider referring these patients for interventional therapies in the future.

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