

Sentinel Headache: A Prospective Case

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Figure 1. The brain CT showed a 7-mm aneurysm arising from the right middle cerebral artery, without evidence of subarachnoid hemorrhage.

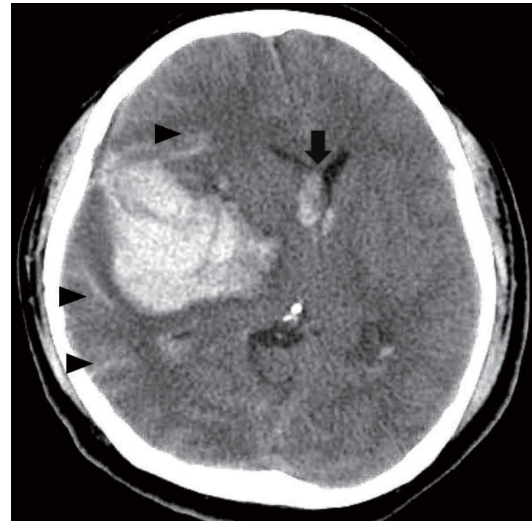


Figure 2. Repeated brain CT revealed extensive intracerebral, intraventricular (arrow) and subarachnoid hemorrhage (arrowheads).

An otherwise healthy and headache free 36-year-old man presented with sudden onset of severe headache in the right parietal area. The headache was throbbing, aggravated by cough, and associated with dizziness. The patient denied nausea, vomiting, fever or recent head injury. Normal neurological examination without neck stiffness was noted. With suspicion of thunderclap headache, brain computed tomography (CT) was arranged and follow up arranged. During the next five days, he had no more headaches and was reluctant to

meet the doctor. Thus, his wife came to our clinic for the result on the appointment day. A 7-mm aneurysm arising from the right middle cerebral artery was noted (Figure 1, arrow). His wife went home immediately but found the patient, who was alert several hours earlier, lying unconscious on the ground. Brain CT repeated at the emergency department revealed extensive intracerebral, intraventricular and subarachnoid hemorrhage (Figure 2). Decompressive craniectomy with clipping of the aneurysm was performed. He was discharged 1.5

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months later, with clear consciousness but left hemiplegia. At a follow-up visit, six months after the bleeding, he was still dependent in most activities of daily living.

In this report, we described a case of SAH with sentinel headache. Patients frequently recall a sudden, unusual severe headache days to weeks before the occurrence of SAH⁽¹⁾. The existence and true incidence of sentinel headache have been questioned since most studies are subjective to recall, selection, and/or referral bias⁽²⁾. Our patient happened to be a rare prospective case unequivocally proved by the history and brain CT. The case report highlighted the importance of emergent brain CT in patients with first ever, sudden onset severe headache⁽³⁾. Since the results may be normal in 55% of

patients with sentinel headache, lumbar puncture and angiography should be seriously considered⁽³⁾.

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