5.7 Post-craniotomy headache

5.7.1 Acute post-craniotomy headache
Diagnostic criteria:
A. Headache of variable intensity, maximal in the area of the craniotomy, fulfilling criteria C and D
B. Craniotomy performed for a reason other than head trauma¹
C. Headache develops within 7 days after craniotomy
D. One or other of the following:
   1. headache resolves within 3 months after craniotomy
   2. headache persists but 3 months have not yet passed since craniotomy

Note:
1. When the craniotomy was for head trauma, code as 5.1.1 Acute post-traumatic headache attributed to moderate or severe head injury.

5.7.2 Chronic post-craniotomy headache
Diagnostic criteria:
A. Headache of variable intensity, maximal in the area of the craniotomy, fulfilling criteria C and D
B. Craniotomy performed for a reason other than head trauma¹
C. Headache develops within 7 days after craniotomy
D. Headache persists for >3 months after craniotomy

Note:
1. When the craniotomy was for head trauma, code as 5.2.1 Chronic post-traumatic headache attributed to moderate or severe head injury.

Comments:
Immediate post-operative headache may occur in up to 80% of patients after craniotomy but resolves in most patients within 7 days. Fewer than one-quarter develop persistent (3 months) headache related to the surgical procedure. Posterior fossa procedures, especially suboccipital craniotomies performed for acoustic neuromas, are more likely to be associated with postcraniotomy headache.

The pathogenesis of chronic headache after craniotomy is unclear but may involve meningeal inflammation, nerve entrapment, adhesion of muscle to dura or other mechanisms. Modifications in the operative procedure, including the use of osteoplastic cranioplasty, may lead to a reduction in the incidence of post-craniotomy headache by preventing adhesion of muscle and fascia to the underlying dura.

Bibliography

5.1, 5.2 Acute and chronic post-traumatic headache