

### **11.2.2 Headache attributed to retropharyngeal tendonitis**

Diagnostic criteria:

- A. Unilateral or bilateral non-pulsating pain in the back of the neck, radiating to the back of the head or to the whole head and fulfilling criteria C and D
- B. Swollen prevertebral soft tissues, in adults measuring >7 mm at the level between C1 and C4 (special X-ray technique may be required)
- C. Pain is aggravated severely by bending the head backwards
- D. Pain is alleviated within 2 weeks of treatment with non-steroidal anti-inflammatory drugs in their recommended doses

Comments:

Body temperature and erythrocyte sedimentation rate (ESR) are usually elevated. Although retroflexion of the neck most consistently aggravates pain, this also usually happens with rotation and swallowing. The transverse processes of the upper three vertebrae are usually tender to palpation.

In several cases amorphous calcific material has been aspirated from the swollen prevertebral tissues. Thin calcification in prevertebral tissues is best seen on CT. Upper carotid dissection should be ruled out.

### **11.2.3 Headache attributed to craniocervical dystonia**

Diagnostic criteria:

- A. Sensation of cramp, tension or pain in the neck, radiating to the back of the head or to the whole head and fulfilling criteria C and D
- B. Abnormal movements or defective posture of neck or head due to muscular hyperactivity
- C. Evidence that pain is attributed to muscular hyperactivity based on at least one of the following:
  - 1. demonstration of clinical signs that implicate a source of pain in the hyperactive muscle (*eg*, pain is precipitated or exacerbated by muscle contraction, movements, sustained posture or external pressure)
  - 2. simultaneous onset of pain and muscular hyperactivity
- D. Pain resolves within 3 months after successful treatment of the causative disorder

Comment:

Focal dystonias of the head and neck accompanied by pain are pharyngeal dystonia, spasmodic torticollis, mandibular dystonia, lingual dystonia and a combination of the cranial and cervical dystonias (segmental craniocervical dystonia). Pain is caused by local contractions and secondary changes.

## **11.3 Headache attributed to disorder of eyes**

### **11.3.1 Headache attributed to acute glaucoma**

Diagnostic criteria:

- A. Pain in the eye and behind or above it, fulfilling criteria C and D
- B. Raised intraocular pressure, with at least one of the following:
  - 1. conjunctival injection
  - 2. clouding of cornea
  - 3. visual disturbances
- C. Pain develops simultaneously with glaucoma

D. Pain resolves within 72 hours of effective treatment of glaucoma

**11.3.2 Headache attributed to refractive errors**

Diagnostic criteria:

- A. Recurrent mild headache, frontal and in the eyes themselves, fulfilling criteria C and D
- B. Uncorrected or miscorrected refractive error (*eg*, hyperopia, astigmatism, presbyopia, wearing of incorrect glasses)
- C. Headache and eye pain first develop in close temporal relation to the refractive error, are absent on awakening and aggravated by prolonged visual tasks at the distance or angle where vision is impaired
- D. Headache and eye pain resolve within 7 days, and do not recur, after full correction of the refractive error

**11.3.3 Headache attributed to heterophoria or heterotropia (latent or manifest squint)**

Diagnostic criteria:

- A. Recurrent non-pulsatile mild-to-moderate frontal headache fulfilling criteria C and D
- B. Heterophoria or heterotropia has been demonstrated, with at least one of the following:
  - 1. intermittent blurred vision or diplopia
  - 2. difficulty in adjusting focus from near to distant objects or vice versa
- C. At least one of the following:
  - 1. headache develops or worsens during a visual task, especially one that is tiring
  - 2. headache is relieved or improved on closing one eye
- D. Headache resolves within 7 days, and does not recur, after appropriate correction of vision

**11.3.4 Headache attributed to ocular inflammatory disorder**

Diagnostic criteria:

- A. Pain in the eye and behind or around it, fulfilling criteria C and D
- B. Ocular inflammation diagnosed by appropriate investigations
- C. Headache develops during inflammation
- D. Headache resolves within 7 days after relief of the inflammatory disorder

Comment:

Ocular inflammation takes many forms, and may be categorized variously by anatomical site (*ie*, iritis, cyclitis, choroiditis), by course (acute, subacute, chronic), by presumed cause (infectious agents that are endogenous or exogenous, lens-related, traumatic), or by type of inflammation (granulomatous, non-granulomatous).

**11.4 Headache attributed to disorder of ears**

Coded elsewhere:

Headache attributed to acoustic neuroma is coded as 7.4.2 *Headache attributed directly to neoplasm*. Headache attributed to a lesion, not of the ear, giving rise to referred otalgia is coded according to the site and/or nature of the lesion.

Diagnostic criteria:

- A. Headache accompanied by otalgia and fulfilling criteria C and D
- B. Structural lesion of the ear diagnosed by appropriate investigations