

Diagnostic criteria:

- A. Paroxysmal or constant pain in the region of the supraorbital notch and medial aspect of the forehead in the area supplied by the supraorbital nerve
- B. Tenderness over the nerve in the supraorbital notch
- C. Pain is abolished by local anaesthetic blockade or ablation of the supraorbital nerve

13.7 Other terminal branch neuralgias

Description:

Injury or entrapment of peripheral branches of the trigeminal nerve other than the nasociliary and supraorbital nerves may give rise to pain referred to the area innervated by the branch affected. Examples are neuralgias of the infraorbital, lingual, alveolar and mental nerves.

Diagnostic criteria:

- A. Pain in the distribution of a peripheral branch of the trigeminal nerve other than the nasociliary or supraorbital nerves
- B. Tenderness over the affected nerve
- C. Pain is abolished by local anaesthetic blockade or ablation of the nerve

Comment:

A13.7.1 *Nummular headache*, described in the appendix, is probably a localized terminal branch neuralgia of the trigeminal nerve.

13.8 Occipital neuralgia

Description:

Occipital neuralgia is a paroxysmal jabbing pain in the distribution of the greater or lesser occipital nerves or of the third occipital nerve, sometimes accompanied by diminished sensation or dysaesthesia in the affected area. It is commonly associated with tenderness over the nerve concerned.

Diagnostic criteria:

- A. Paroxysmal stabbing pain, with or without persistent aching between paroxysms, in the distribution(s) of the greater, lesser and/or third occipital nerves
- B. Tenderness over the affected nerve
- C. Pain is eased temporarily by local anaesthetic block of the nerve

Comment:

Occipital neuralgia must be distinguished from occipital referral of pain from the atlantoaxial or upper zygapophyseal joints or from tender trigger points in neck muscles or their insertions.

13.9 Neck-tongue syndrome

Description:

The sudden onset of pain in the occiput or upper neck associated with abnormal sensation in the same side of the tongue.

Diagnostic criteria:

- A. Pain lasting seconds or minutes, with or without simultaneous dysaesthesia, in the area of distribution of the lingual nerve and second cervical root and fulfilling criteria B and C
- B. Pain has acute onset
- C. Pain is commonly precipitated by sudden turning of the head

Comment:

Proprioceptive fibres from the tongue enter the central nervous system through the second cervical dorsal root via connections between lingual and hypoglossal nerves and between the latter and the second cervical root. There is clinical and surgical evidence that the C2 root is compromised by sudden rotation of the neck, which is particularly likely when subluxation of the atlantoaxial joint occurs. The abnormal sensation in the ipsilateral side of the tongue may be numbness, paresthesia or the sensation of involuntary movement.

13.10 External compression headache

Description:

Headache resulting from continued stimulation of cutaneous nerves by the application of pressure, for example by a band around the head, a tight hat or goggles worn to protect the eyes during swimming.

Diagnostic criteria:

- A. Headache with all of the following characteristics and fulfilling criteria C and D:
 - 1. non-pulsating
 - 2. increasing over minutes
 - 3. no accompanying symptoms
- B. Continuing application of external pressure to the forehead or scalp
- C. Headache develops during and is maximal at the site of pressure
- D. Headache resolves after pressure is relieved

Comment:

External compression may lead to a more severe migrainous headache if the stimulus is prolonged.

13.11 Cold-stimulus headache

13.11.1 Headache attributed to external application of a cold stimulus

Description:

Generalized headache following exposure of the unprotected head to a low environmental temperature as in very cold weather or in diving into cold water.

Diagnostic criteria:

- A. Diffuse and/or non-pulsating headache fulfilling criteria C and D:
- B. Presence of external cold stimulus to the head
- C. Headache develops during cold stimulus
- D. Headache resolves after removal of cold stimulus