Yet another report on the need to work with a headache specialist if we are to obtain optimal treatment. A secondary lesson: use of abortives BEFORE a diagnosis is made can mislead the physician by masking important clinical signs.
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Cephalalgia. 2009 Sep 7.
Cluster-like headache. A comprehensive reappraisal.

Mainardi F, Trucco M, Maggioni F, Palestini C, Dainese F, Zanchin G.

Headache Centre, Neurological Division, SS. Giovanni e Paolo Hospital, Venice, Italy.

Among the primary headaches, cluster headache (CH) presents very particular features allowing a relatively easy diagnosis based on criteria listed in Chapter 3 of the International Classification of Headache Disorders (ICHD-II). HOWEVER, AS IN ALL PRIMARY HEADACHES, POSSIBLE UNDERLYING CAUSAL CONDITIONS MUST BE EXCLUDED TO RULE OUT A SECONDARY CLUSTER-LIKE HEADACHE (CLH). The observation of some cases with clinical features mimicking primary CH, but of secondary origin, led us to perform an extended review of CLH reports in the literature. We identified 156 CLH cases published from 1975 to 2008. The more frequent pathologies in association with CLH were the vascular ones (38.5%, n = 57), followed by tumours (25.7%, n = 38) and inflammatory infectious diseases (13.5%, n = 20). Eighty were excluded from further analysis, because of inadequate information. The remaining 76 were divided into two groups: those that satisfied the ICHD-II diagnostic criteria for CH, 'fulfilling' group (F), n = 38; and those with a symptomatology in disagreement with one or more ICHD-II criteria, 'not fulfilling' group (NF), n = 38. Among the aims of this study was the possible identification of clinical features leading to the suspicion of a symptomatic origin. In the differential diagnosis with CH, red flags resulted both for F and NF, older age at onset; for NF, abnormal neurological/general examination (73.6%), duration (34.2%), frequency (15.8%) and localization (10.5%) of the attacks. WE STRESS THE FACT THAT, ON FIRST OBSERVATION, 50% OF CLH PRESENTED AS F CASES, PERFECTLY MIMICKING CH. THEREFORE, THE IMPORTANCE OF ACCURATE, CLINICAL EVALUATION AND OF NEUROIMAGING CANNOT BE OVERESTIMATED.

PMID: 19735480 [PubMed]
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Cephalalgia. 2010 Jun 8.

Positional CLUSTER-LIKE headache. A case report of a neurovascular compression between the third cervical root and the vertebral artery.
Créac'h C, Duthel R, Barral F, Nuti C, Navez M, Demarquay G, Laurent B, Peyron R.

Université Lyon 1, France.

Abstract
Symptomatic CLUSTER-LIKE HEADACHES have been described with lesions of the trigeminal and parasympathetic systems. Here, we report the case of a 44-year-old woman with continuous auricular pain and a positional cluster-like headache associated with red ear syndrome. Clinical data and morphological investigations raised the hypothesis of a neurovascular compression between the C3 root and vertebral artery. Neurosurgical exploration found a fibrosis surrounding both the C3 root and the vertebral artery. The excellent outcome after microvascular cervical decompression suggests a causal relationship between the cluster-like headache and the vertebral constraint on the C3 root.

PMID: 20974591 [PubMed]

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Emerg Med J. 2010 Oct 20.

Acute coronary syndromes can be a headache.
Costopoulos C.

Abstract
Ischaemic heart disease is a common cause of morbidity and mortality worldwide. Patients typically present with chest pain and breathlessness either on exertion or at rest. Cardiac ischaemia can also lead to headache, although this is very rarely its only manifestation. Headache is MOSTLY ASSOCIATED WITH MIGRAINE, CLUSTER AND TENSION headache disorders. MORE SINISTER CAUSES INCLUDE SUBARACHNOID HAEMORRHAGE, TEMPORAL ARTERITIS, MENINGITIS, VENOUS SINUS THROMBOSIS AS WELL AS VERTEBRAL AND CAROTID ARTERY DISSECTION. A case of headache is presented where the underlying cause was cardiac ischaemia, itself the result of triple vessel coronary artery disease. This, also referred to as cardiac cephalgia, should be suspected in the older patient with risk factors for atherosclerotic disease presenting with recent-onset headache. Diagnosis of this requires high clinical suspicion and is essential for correct patient management.

PMID: 20961932 [PubMed]
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Title: "Cluster Headache Mimics"--useful article. Post by Bob_Johnson on Jul 30th, 2004, 2:04pm
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This is an important article to obtain and take to your doctor if you are having a difficult time getting a diagnosis of the type of headache problem you have and/or finding medications which give consistent relief for cluster. It is a technically difficult read for someone not educated in medicine. Its value is in providing case studies about uncommon conditions which appear to be cluster headache but which are, in fact, not.

Broad signs which may signal that the problem being treated is a cluster mimic are: having made a diagnosis of cluster, the standard medications do not work OR they work for an episode or two and then stop being effective. Second, if the diagnostic signs differ in important ways from the standard signs for cluster (and this is a subtle issue which requires a physician with sophistication).

One of the striking findings reported: Cluster can arise from head trauma as long as 30-years after the trauma!

Some conditions which can mimic primary cluster headache:

Infections
- Aspergillus
- Inflammatory disorders
- Wegener's granulomatosis
- Orbital myositis
- Plasmacytoma
- Multiple sclerosis

Head trauma
Vascular abnormalities
    Arterial dissections
    Arteriovenous malformations
Neoplasms
    Pituitary tumors
    Metastases
Other trigeminal autonomic cephalgias: SUNCT syndrome; Paroxysmal hemacrania; Hypnic headache

"Cluster Headache Mimics", Dale M. Carter, M.D.. CURRENT PAIN AND HEADACHE REPORTS, 2004, 8:133-139.
(Take this citation to your public library and they can order a copy of the complete article for you.)
