

HEADACHE IN INTRACRANIAL NEOPLASIAS: A STUDY OF 180 PATIENTS (ABSTRACT)*. DISSERTATION. NITERÓI, 2005.*CLÁUDIO MANOEL BRITO***

The possibility of an intracranial neoplasm is the main concern for patients with headaches as well as for their physicians. As the matter of fact, the great majority of computerized tomography of the head ordered for patients with headache has the purpose of discarding an intracranial tumor.

The goal of the present study was to analyze and describe the clinical characteristics of the headaches associated with intracranial neoplasias, according to the 2nd. Edition of the International Headache Society Classification.

The present series consisted of 180 patients bearing intracranial neoplasms. No tumor was incidental: all patients had neurological complaints. There were 79 males and 101 females. Ages ranged from 18 to 87 years. The prevalence of headache in our patients was 50% (90/180). The most frequent pain was similar to tension type headache, present in 71% (64/90). The headache was moderate/severe in 85.5% (77/90). The pain was bilat-

eral in 71% (64/90) and unilateral in 29% (26/90). When the headache was one-sided, it was ipsilateral to the tumor in 92% (24/26). The pain was intermittent in 81% (73/90). The mean duration of the headache, until the time of diagnosis, was 7.3 weeks.

We could not find a clear correlation between the tumor topography and the prevalence of headache.

In regard to the five major histological groups, the prevalence of headache was 23.3% (7/30) for the hypophyseal adenomas, 25% (4/16) for the low-grade gliomas, 52% (23/44) for the meningiomas, 65% (36/55) for the malignant gliomas and 71.3% (15/21) for the metastases. Finally, the areas of the tumor and peritumoral edema, as well as the amount of midline shift of the supratentorial structures were statistically significant for the prevalence of headache.

KEY WORDS: headache, intracranial neoplasia, intracranial tumor.

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