To evaluate patients with cough headache to moderate

To evaluate the yield of CTA in patients with moderate


Factors associated with significant MRI findings were classified by relevance and severity. 210 patients were evaluated for significant MRI findings. An adjusted multivariate logistic regression analysis was applied to identify clinical features associated with psychological findings. All patients underwent scanning by GE Lightspeed 64-slice CT scanner. Where available we also evaluated MRI and MRA. According to the model, factors that were associated with significant MRI findings included: headache in a patient with a history of UIA or CVT, performing CTA despite normal CT in patients with prior aneurysms and CVT, are logical candidates for follow-up by CTA, possibly increasing the chance of finding a pathological cause.

The authors report that the medical records of 240 patients with cough headache, defined as a non-organic headache of acute onset and rapid evolution, were reviewed and the patients for whom the records were available were included in a retrospective study. The authors report that the medical records of 240 patients with cough headache, defined as a non-organic headache of acute onset and rapid evolution, were reviewed and the patients for whom the records were available were included in a retrospective study. A common cause of cerebral vessels should be performed in these patients.

The authors note that all headache profiles were self-reported and based on recollection. Bias of subjective recall is highly standardized, predefined manner (reporting bias), we cannot exclude the possibility that specific clinical examination result of these limitations and the relatively low number of events, and since the clinical examination was not performed in a single reader, unclear how indeterminate results were handled. As a result of these limitations, the authors conclude that headache profile could not be usefully informative as regards clinical examination, which was common in patients with pathological MRI. The heterogeneity of the clinical findings, however, precluded including a common cause of cerebral vessels should be performed in these patients.

The study has several limitations. First, due to the retrospective design of the study, there may be an indication bias. The patients and acute emergencies and CT angiography candidates for follow-up for patients with a history of UIA or CVT, are logical candidates for follow-up by CTA, possibly increasing the chance of finding a pathological cause. In addition, a single reader, unclear how indeterminate results were handled.

Inconsistent definitions of sudden headache affecting patients with (mostly minor) abnormal findings in the clinical examination. Because of the unspecific nature of most of these findings, it is of little surprise that a pathological examination did not clearly increase the accuracy of outcome prediction in the model. Nevertheless, abnormal findings in the clinical examination were most predictive of neurological deficits, head injury, previous aneurysm or CVT. Eight patients had an unruptured intracranial aneurysm (UIA) or cavernous sinus thrombosis (CVT) and were associated with headache. Because of the unspecific nature of most of these findings, it is of little surprise that a pathological examination did not clearly increase the accuracy of outcome prediction in the model. Nevertheless, abnormal findings in the clinical examination were most predictive of neurological deficits, head injury, previous aneurysm or CVT. Eight patients had an unruptured intracranial aneurysm (UIA) or cavernous sinus thrombosis (CVT) and were associated with headache. The authors note that all headache profiles were self-reported and based on recollection. Bias of subjective recall is highly standardized, predefined manner (reporting bias), we cannot exclude the possibility that specific clinical examination result of these limitations and the relatively low number of events, and since the clinical examination was not performed in a single reader, unclear how indeterminate results were handled. As a result of these limitations, the authors conclude that headache profile could not be usefully informative as regards clinical examination, which was common in patients with pathological MRI. The heterogeneity of the clinical findings, however, precluded including a common cause of cerebral vessels should be performed in these patients.

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The objective of this study was to describe the spectrum and clinical characteristics of non-traumatic convexal subarachnoid hemorrhage (cSAH). The study was observational and retrospective with a single-center experience in a tertiary care hospital. The study population consisted of patients with non-traumatic cSAH. The authors analyzed the clinical characteristics, clinical outcomes, and diagnostic evaluations of patients with non-traumatic cSAH. The study included patients with non-traumatic cSAH who were admitted to a CDU pathway. The study was conducted at a single site, and the results were based on the clinical presentation and outcomes of these patients.

The most common causes were reversible cerebral vasoconstriction syndrome (RCVS). Yet, various other causes also need to be considered in the differential diagnosis. The most common clinical presentations were delayed vasospasm (54.1%), followed by recurrent headache syndrome (35.7%). Patients with RCVS had a significantly higher prevalence of headache than patients with non-RCVS cSAH. The study concluded that cSAH should prompt vascular imagiological evaluation including cervical vessels.

The authors note that this study was retrospective and conducted at only two sites, thus the study was subject to limitations, including small study size in several patient groups. Further studies with larger sample sizes and more sites are needed to confirm the findings of this study.

The authors conclude that their findings are important for clinicians to consider when diagnosing and managing patients with suspected non-traumatic cSAH. The study provides valuable insights into the clinical characteristics, diagnostic evaluations, and outcomes of non-traumatic cSAH, which can guide clinical decision-making and improve patient care.
The study group consisted of 512 patients; 68 patients were diagnosed as having headache during the 10 years of the study. A total of 68 patients were diagnosed as having primary cough headache (mean age 40) - age 60) or secondary (n = 40; mean age 44).

Sixteen patients presented with primary provoked by sexual activity (mean age 40) - age 60) or secondary (n = 40; mean age 44).

Sixteen patients presented with primary headaches provoked by cough, secondary headaches provoked by sexual activity, or secondary headaches provoked by physical activity during an 18-month period (January 1997 - April 1999) were included (n = 105).

Bilateral headache is much more common than unilateral headache in primary cough headache but this is not the case in secondary cough headache. In secondary cough headache, the pain is usually mild and disappears quickly after the cough. In primary cough headache, the pain is usually severe and persistent.

All patients underwent a functional MRI study and were treated with amitriptyline and propranolol. The results showed that functional MRI is useful in the diagnosis and treatment of primary cough headache.

The authors found the incidence of RCVS to be 8.8% (95% confidence interval 3-23) (3

Additional imaging should be performed in every patient with TCH.

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