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OP 18 Occipital Neuralgia Secondary To Multiple Sclerosis: A Case Series And Literature Review

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Background: According to the International Headache Society, occipital neuralgia (ON) is defined as paroxysmal stabbing pain in the distribution of the greater and lesser occipital nerves. Possible causes of ON are related to neurogenic, vascular, muscular, and osteogenic injuries. Demyelination of the central myelinated part of the nerves is accused in the mechanism of neuralgiform pain in multiple sclerosis (MS). The prevalence of trigeminal neuralgia in MS is well documented; however, there is limited data regarding the prevalence and clinical presentation of ON in patients with MS. We aimed to determine the frequency of ON in MS and to report clinical presentation and neuroimaging findings.

Methods: The patients with MS diagnosed with ON between January and December 2019 were noted prospectively.

Results: During the study period, out of 457 patients with MS, 7 patients (6 female, 1 male) were diagnosed with ON. Two patients had a secondary progressive course, while 5 patients had a relapsing-remitting course. ON was the initial symptom in 2 patients, while 1 patient was presented with MS relapse. Two patients had ON after progression, and 3 had ON without disease activity (no new-onset MRI findings or other neurological symptoms). Six patients had the presence of a C2-3 level demyelinating lesion. All patients had an ipsilateral great occipital nerve block with a mixture of 3-4 mL of 2% lidocaine and 1 mL of ethylprednisolone acetate with successful treatment response.

Conclusion: ON is a rare type of headache among patients with MS. MS patients with sudden paroxysmal occipital pain need to be examined for cervical lesions.