

SECONDARY HEADACHE IN THE PEDIATRIC EMERGENCY DEPARTEMENT: THE CRUCIAL ROLE OF MEDICAL HISTORY

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Background. Headache is a common condition in children and a frequent cause of admission to the Emergency Department (ED); up to 0.5–1% of cases is associated to serious intracranial anomalies. The ED pediatrician must promptly recognize red flags for secondary headache to ensure the appropriate management.

Methods. We report the case of a girl admitted to the Pediatric ED of the Regina Margherita Children's Hospital of Turin, Italy, for a 4-day history of right temporal headache and one episode of vomiting, apparently without other symptoms.

Results. A twelve-year-old girl was admitted for right temporal headache that had been on for 4 days. She reported a single episode of vomiting, no fever, photophobia or phonophobia. She had a history of occipital headaches, the last episode occurring 2 months earlier. Physical examination was unremarkable, and symptoms improved with analgesic treatment, so she was discharged with an ophthalmologic evaluation the following day.The fundus oculi was normal, showing “mild papillary asymmetry and slight temporal blurring of the left optic disc”; the visual field revealed left lateral homonymous hemianopia. The girl was then taken back to the ED, where urgent head CT scan showed right occipital intraparenchymal hemorrhage. Brain MRI angiography confirmed an acute right parieto-occipital lobar hematoma with suspected underlying arteriovenous malformation. However, cerebral angiography was negative for vascular malformations. She was admitted to the Neurosurgery Unit, where she underwent conservative treatment and an uneventful clinical course. Only then she report concomitant cervical pain, which had developed simultaneously with the headache.

Conclusions. This case emphasizes the importance of obtaining a detailed medical history, even in the ED setting. Cervical pain, a potential red flag for secondary headache due to intracranial hemorrhage, emerged only later. Patients may not report all relevant symptoms; therefore, targeted history-taking is essential, especially with children. It is the clinician’s duty to ask targeted questions aimed at identifying possible red flags, in order to identify severe forms of secondary headache early and prevent possible diagnostic delays.