Traumatic Birth as a Potential Cause of Chronic Headaches since Childhood

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INTRODUCTION



The origin of chronic headaches is often unknown. We here investigated traumatic birth as the trigger of migraine headaches since childhood.

METHODS

We identified two patients with chronic headaches since childhood AND a history of traumatic birth. Patients were blocked with local anesthesia in selected migraine headache trigger points, operated accordingly and followed up for one year.

RESULTS

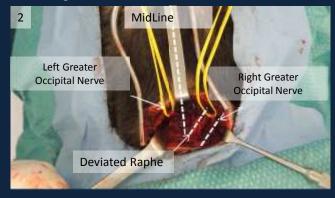
Two male patients with traumatic birth and chronic headaches since early childhood were identified. Grossly, the head presented some deformations. Headaches were invalidating and interfered with school education and work activities due to missed days. Pain was evaluated 6-7/10 during 15 to 30 days per month by Patient 1 and 9-10/10 during 20-30 days per month by Patient 2. Headaches responded positively (VAS 0/10) to a peripheral nerve block in multiple selected triggers. Both patients benefited from neurolysis of the supra-orbital, supra-trochlear, greater occipital, and resection of the zigomatico-temporal, lesser occipital, auricolo-temporal and third occipital nerves.

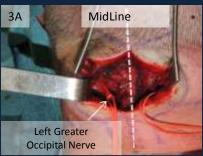


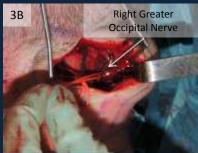
FIGURE 1: Postural anomalies and skull deformations were noticeable since birth. 1A: Patient 2 8yo, 1B, C, D: Patient 2, 30yo.

Significant asymmetries were noticed in the size and point of emergence of the nerves in both patients as well as deformations in the musculo-ligamentous structures such as the median raphe in the occipital region in patient 2.

After one-year follow-up patient 1 had complete remission of headaches, while patient 2 has significantly decreased (VAS 5) headaches in intensity and frequency but still suffers from invalidating head aches.







CONCLUSIONS

Traumatic birth can induce persistent deformations of the skull and soft tissues of the head being responsible for nerve impingements and chronic headaches since childhood.

References

Demissie K et al, Operative vaginal delivery and neonatal and infant adverse outcomes: population based retrospective analysis. BMJ. 2004;329 Rubin A et al,, Birth Injuries: Incidence, Mechanism and End Results. Obstetrics&Gynecology 1964;23

Guyuron B et al, Surgical Treatment of Migraine Headaches, PRS 2002

FIGURE 2, 3A,B:

Asymmetric exit points soft tissue structures noticed during the greater occipital neurolysis operation. Figure 2, patient 2: the raphe is about 45° deviated from midline. Figures 3A, B patient 1: the exit point of the right greater occipital nerve from the semispinalis capitis is shifted more than one centimeter to the right compared to the left one. Note the caliber of the nerves is also asymmetric.