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Short Communication

Headache as a Presenting Symptom in the Field of Otolaryngology

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Headache as a chief complaint usually raises the thinking of the otolaryngologists to acute or chronic sinusitis or other nasal ENT problems; Although that way of concrete thinking is not wrong, it is very important for the otolaryngologist to be more open-minded and think as much as possible as a physician rather than otolaryngologist. A simple review of a sample of the literature of the causes of the headache can show a long list of causes that is related to different specialties other than otolaryngology including neurology, neuro-surgery, ophthalmology, pharmacology, toxins, allergy and emergency medicine… etc. Zara M Patel., *et al*. [1] reported that the term sinus headache has agreed that it is an overused and often incorrect diagnosis in the majority of patients; Foroughipour M., *et al*. [2] studied 58 patients with a diagnosis of "sinus headache" retrospectively along their followed-up for 6 months, The final diagnoses were migraine, tension-type headache in 68, 27% respectively and in only 5% of the cases sinusitis was confirmed!, Recurrent antibiotic therapy was received by 73% of patients with tension-type headache and 66% with a migraine! therapeutic nasal septoplasty was performed in 16% of the patients with a final diagnosis of migraine and 13% with tension-type headache!.

The most dangerous point is what is called sinus headache can resemble, in many features, a condition called migraine without aura and that the incidence of migraine in the population can be as high as 32%! [3] and it is challenging to find a patient with a significant finding on ENT examination suggestive of headache like mucosal contact points with history also suggestive of migraine that makes a real confusion for the otolaryngologist to confirm the real cause of headache, especially when keeping in our mind that diagnostic criteria defined by the International Headache Society in International Classification of Headache Disorders IHCD-3 beta [4] that mentioned "Headache not attributed to another disorder" and in that case, the headache can be attributed to the significant finding in the examination of the nose. As I encounter this problem frequently in my clinical practice, I recommend to start with a trial of specific migraine dietary restrictions and lifestyle modulation along with migraine prophylaxis medications and observe the case for a week or two before thinking about more aggressive ENT procedures; doing that regime of management will keep otolaryngologists note that how the migraine is often common more than what we were thinking.

Another important recommendation that if the final decision to proceed to perform surgery, the expectations of outcome is very critical, it is known to all otolaryngologist that doing myringoplasty may not improve the hearing of the operated ear but rather stop further deterioration and recurrent otitis; similarly doing nasal surgical procedures can improve nasal patency and prevent sinusitis but should not be accompanied with any promise of total relief of headache.

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