بسم الله الرحمن الرحيم

Headache attributed to infection

II. The Secondary Headaches

5) Headache attribured to head and/or neck trauma
6) Headache attributed to cranial and/or cervical vascular disorder
7) Headache attributed to nonvascular, noninfectious intracranial disorder
8) Headache attributed to a substance or its withdrawal
9) Headache attributed to infection
10) Headache attributed to disturbance of homeostasis
11) Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth, or other facial or cranial structures
12) Headache attributed to psychiatric disorder
13) Cranial neuralgias and central causes of facial pain
14) Other headache, cranial neuralgia, central or primary facial pain

Headache Attributed to Infection

- **Inflammation of any pain-sensitive structures** in the cranial cavity can produce headache.
- **Meningitis and meningoencephalitis** both have headache as a major symptom.
- **The characteristics** of the head pain depend on whether the infection is acute or chronic.
- **Acute meningitis** produces a severe headache with neck stiffness and other signs of meningism, including photophobia and irritability.
- **Pain is often retro-orbital and worsened** by moving the eyes.

Headache Attributed to Infection

- **Chronic meningitis** due to fungal or tuberculous infection can also lead to headache that may be severe and unrelenting.
- **The headache** of intracranial infection is nonspecific but must be considered in the differential diagnosis, especially in patients with a compromised immune system.
- **The diagnosis can be confirmed** only by examination of the CSF.
- **The chronic granulomatous meningitis** of sarcoid may require biopsy of the basal meninges to confirm the diagnosis.

Headache Attributed to Infection

- **Sinusitis, mastoiditis, epidural or intraparenchymal** abscess formation, and osteomyelitis of the skull can all cause focal and generalized headache. The diagnosis is usually suspected from the associated symptoms and signs.
- **After craniotomy, increasing pain** and swelling in the operative site may be due to osteomyelitis of the bone flap. Plain skull roentgenograms reveal the typical mottled appearance of the infected bone. Removal of the flap is necessary.

Headache Attributed to Infection

- **Mollaret's meningitis** is rare, recurrent, and sterile.
- **The CSF cellular** response includes large epithelioid cells (Mollaret's cells).
- **The pathogenesis is unknown** but may be related to the herpes simplex virus (Jensenius et al. 1998).
- **The condition** may recur every few days or every few weeks for months or years.
- **Headache, signs of meningism, and low-grade** fever accompany each attack.
- **Treatment** is mainly symptomatic.

تمت بحمد الله

THANK YOU