References

- 1. Bussone G, Leone M, DallaVolta G, Strada L, Gasparotti R, Di Monda R. Short-lasting unilateral neuralgiform headache attacks with tearing and conjunctival injection: the first "symptomatic" case? Cephalalgia 1991; 11.123-127
- 2. Morales F, Mostacero E, Marta J, Sanchez S. Vascular malformation of the cerebellopontine angle associated with "SUNCT" syndrome. Cephalalgia 1994;14:301-302.
- 3. De Benedittis G. SUNCT syndrome associated with cavernous angioma of the brain stem Cephalalgia 1996;16:503-506.
- 4. Moris G. Ribacoba R. Solar DN. Vidal JA. SUNCT syndrome and seborrheic dermatitis associated with craneosynostosis. Cephalalgia 2001;21:
- 5. ter Berg JWM, Goadsby PJ. Significance of atypical presentation of symptomatic SUNCT: a case report. J Neurol Neurosurg Psychiatry 2001:70:244-246.
- Penart A, Firth M, Bowen JCR. Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT) following presumed dorsolateral brainstem infarction. Cephalalgia 2001;21:236-239.
- Ferrari MD, Joost H, Van Seters AP. Bromocriptine-induced trigeminal neuralgia attacks in a patient with a pituitary tumor. Neurology 1988; 38:1482-1484.

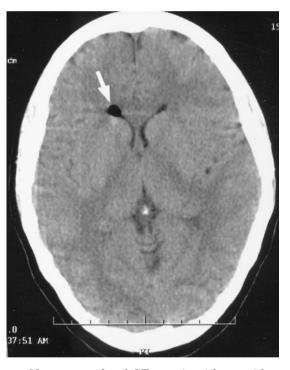


Figure. Noncontrast head CT scan is without evidence of infarction, hemorrhage, or mass effect. Note small air bubble (arrow) located in the anterior horn of the right lateral ventricle.

Neuro *Images*

Intracranial hypotension with air bubble on head CT

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A 19-year-old woman presented with a retro-orbital, throbbing postural headache to the emergency room 3 days after giving birth by vaginal delivery. The headache began approximately 12 hours after delivery but significantly worsened 24 to 48 hours later. Epidural analgesia had been given during labor for pain control. There was no prior history of headaches, and medical history was nonsignificant. She was afebrile and results of neurologic examination were normal. A diagnosis of intracranial hypotension^{1,2} was made based on the history and presence of an air bubble in the ventricle, indicating that the subarachnoid space had been entered. Placement of a blood patch rapidly alleviated the symptoms.

- 1. Ramadan NM. Headache caused by raised intracranial pressure and intracranial hypotension. Curr Opin Neurol 1996;9:214-218
- 2. Sell JJ, Rupp FW, Orrison WW Jr. Iatrogenically induced intracranial hypotension syndrome. Am J Roentgenol 1995;165:1513-1515.

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