A Late ‘Migraine’: The Only Symptom of an Intrasellar Aneurysm

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The history of a 62-year-old woman affected by an intrasellar aneurysm is described. A migrainelike headache was, for many years, her only complaint.

Key words: migraine, intrasellar aneurysm

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The age of onset of migraine is not covered by the IHS classification as a diagnostic criterion of migraine itself, but it is well known that migraine rarely starts after the age of 50.

Our case report stresses the importance of the age of onset for the diagnosis of migraine and illustrates a further example of an intrasellar aneurysm mimicking a pituitary adenoma.

CASE HISTORY

A 62-year-old woman came to our attention in October 1994, to define her undiagnosed headache. She had no family history of migraine. When she was 50 years old, she began to suffer from an episodic headache with the following characteristics: the pain was nuchal at the onset and then spread to the right fronto-ocular region; it was throbbing, of moderate or severe intensity, and was accompanied by photophobia and phonophobia, nausea and/or vomiting; and the attacks lasted 4 to 24 hours and recurred monthly until the patient was 61 years old.

Because of an increase in the frequency of her attacks, which now occurred weekly, the patient came under our observation. A serious arthropathy was the only concomitant disease. Her neurologic examination was normal.

On the basis of the late onset of her migrainelike headache, we obtained an electroencephalogram (EEG), a Doppler ultrasound examination of the epiaortic branches, and a cerebral computed tomography (CT) scan. The EEG and the ultrasound were normal, while the CT scan with intravenous contrast administration showed a rounded, contrast-enhancing, intrasellar mass with suprasellar extension close to the optic chiasm. This CT picture suggested the presence of a pituitary adenoma.

A subsequent magnetic resonance imaging scan (MRI) of the head partially confirmed the CT scan finding, but suggested the diagnosis of an intrasellar aneurysm with suprasellar extension; its diameter was 18 mm (Figure 1).

A transfemoral cerebral angiogram showed a saccular aneurysm of the left carotid siphon occupying the sellar cavity (Figure 2).

[Fig.1.]
The patient was referred to an interventional neuroradiologist for management of the aneurysm. In March 1995, superselective catheterization of the aneurysmal sac with a Tracker 18 device (Target Therapeutics) via a transfemoral approach was performed. Eleven platinum, electrically detachable coils (total length 285 cm) were introduced into the aneurysmal lumen and produced the obliteration of the lesion.

During the following 16 months, she has not complained of migrainelike headaches.

COMMENTS

Three main considerations led us to report this clinical case: (1) the importance of stressing that migraine usually starts before the age of 40, (2) the opportunity of reporting a further intrasellar aneurysm, and (3) the utility of underlining that sella turcica diseases are often insidious.

In fact, our patient at the age of 50 began to suffer from an episodic recurrent headache with the characteristics of migraine without aura, according to the diagnostic criteria of the IHS.1 The late onset of her headache, in spite of normal neurologic examination and EEG findings, was the only suspicious clinical data suggesting the need for further investigations; hence we arrived at the correct diagnosis.

If one considers the high risk of an undetected aneurysm, it is immediately apparent that the age of onset is very important data to discriminate between idiopathic and symptomatic headaches.

We were surprised when we found an intrasellar aneurysm, both for the rarity of this pathology and for the complete lack of symptoms and/or signs otherwise suggesting sella turcica disease. Intrasellar aneurysms represent only 1% to 2% of all cerebral aneurysms, and they can be clinically silent for a long time. In this context, it is useful to remember that headache can, for a long time, be the only clinical manifestation of an insidious disease of the sella turcica. This headache can sometimes be like a migraine, at other times resemble a tension-type headache, but more often than not it has no peculiar features.

In our opinion, the possibility of sellar pathology always has to be considered in a patient whose headache is difficult to diagnose.

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REFERENCES