



# Management of intractable headache in ER

Radwan Alkadre

Family care hospital, Saudi Arabia

## Abstract

Headache is a quit common disease which affects almost every human begin at least few times in his/her life. It's the fifth common disease presented to ER in some studies, it varies in severity from mild in tension type headache, to very sever or "suicidal" in cluster headache. Migraine is the most common sever type, in the presentation I will discuss the differential diagnosis of sever headache in ER which include subarachnoid hemorrhage, cluster headache, sinusitis and BIH. I will highlight the cardinal sign of those diseases. I will clarify when it's necessary to order a neuroimaging and provide the recent updates and guidelines in treatment of intractable migraine in ER. Migraine is treated not only by NSAIDs or triptans, many other lines which are quint beneficial with evidence based significant results in treatment of migraine these includes antidopaminergic drugs like Metoclopramide and promethazine, I.V cortecosteroids (dexamethasone) and I.V magnesium sulphate. Moreover, some other line with less evidence-based power have been used in treatment of acute migraine e.g. oxygen therapy. These lines of treatment will be the main topic of the presentation with a rapid review of available guide lines.

## Biography

Radwan Alkadre, neurology specialist, with master degree of neurology from Alexandria University in Egypt 2015. Interested in neurology since 2008, he had about three years training in Alexandria University hospital as a Trainee in neurology and then a visitor resident. He worked in Egypt in a stroke unit in the private sector for 3 years during my master degree study. He is working as a neurology specialist in Saudi Arabia since 2016.

