

Concha Bullosa: Do We Remember In Neurology Practice?

Konka Bülloza: Nöroloji Pratiğinde Akla Geliyor Mu?

Miraç Ayşen Ünsal¹, Barış İşak²

¹Sultan Abdülhamid Han Research and Education Hospital, Department of Neurology, Istanbul, Turkey.

²Marmara University, Medical School, Department of Neurology, Istanbul, Turkey.

Contact Info: M. Ayşen Ünsal, 1Sultan Abdülhamid Han REH, Department of Neurology, Haydarpaşa, Istanbul, Turkey. E-mail: aysenunsal@yahoo.com

SUMMARY

Concha bullosa (CB) is one the most common anatomic variation of sinonasal anatomy and represents by pneumatization of the turbinate. Unilateral not-side-shifted continuous presence with autonomic features of both concha bullosa related headache and hemicrania continua make them easily confused in clinical practice. Rhino-sinus headaches are usually misdiagnosed with primary headaches because of their anatomically close relationship. Neurologists should be aware of the CB diagnosis in differential diagnosis of patients suffering from unilateral continuous pain

Keywords: Concha bullosa, hemicrania continua, rhino-sinus headaches

ÖZET

Konka bülloza (KB), sinonazal anatominin en yaygın anatomik varyasyonlarından biridir ve konkanın pnömatizasyonunu ifade eder. Tek taraflı sürekli baş ağrısı ile otonom bulguların birarada görülmesi klinik pratikte KB ve hemikrania kontinuaı kolayca karıştırmaktadır. Rino-sinüs baş ağrıları genellikle anatomik olarak yakın ilişkilerinden dolayı birincil baş ağrılarıyla karışabilir. Günlük Nöroloji pratiğinde akılda tutulmalıdır.

Anahtar Kelimeler: Konka bülloza, hemikrania kontinua, rino-sinus baş ağrıları

INTRODUCTION

Concha bullosa (CB) is one of the most common anatomic variations of sinonasal anatomy and represents pneumatization of the turbinate. It is found in about 25% of the normal population, commonly affecting the middle turbinate (1). Headache is the most common symptom which is suggested mainly occurring due to the contact between the turbinate and other regions of the nasal cavity. Herein, we report a case of CB mimicking hemicrania continua.

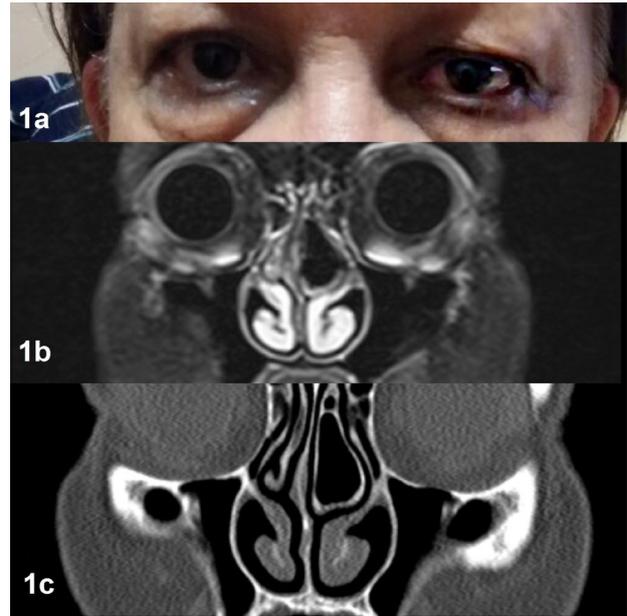
CASE REPORT

A 61-year-old woman with a medical history of diabetes, arterial hypertension, ankylosing spondylitis and ulcerative colitis, presented with complaints of unilateral persistent daily headache for two years. The pain was throbbing and continuous with exacerbations. Its intensity was 8 on a 0-10 visual analogue scale. Also conjunctival injection, lacrimation, eyelid edema and ptosis was present which made us suspicious of the diagnosis of hemicrania continua (Figure 1a). The pain was getting worse by physical activity.

A diagnosis of CB was made by brain magnetic resonance imaging (MRI) (Figure 1b). The patient underwent sinus surgery and her symptoms diminished completely.

Unilateral not-side-shifted continuous presence with autonomic features of both concha bullosa related headache and hemicrania continua make them easily confused in clinical practice. Hemicrania continua is a primary chronic daily continuous headache disorder without pain-free periods, unilateral without side-shift with moderate intensity with exacerbations of severe pain. At least one of the autonomic features including conjunctival injection or lacrimation, nasal congestion or rhinorrhoea, ipsilateral miosis or ptosis occur during exacerbations (2).

Rhino-sinus headaches are usually misdiagnosed with primary headaches because of their anatomically close relationship. In CB parasympathetic fibers of the sphenopalatine ganglion and their surrounding blood vessels in the pterygopalatine fossa commonly produce autonomic symptoms.



Although the patient's clinical symptoms were mimicking hemicrania continua, a diagnosis of CB was made by brain magnetic resonance imaging and also confirmed by paranasal Computed Tomography (CT) which is gold standard for nasal, paranasal diseases, and very valuable in the diagnosis of turbinate pathologies (Figure 1c).

Figure 1a-Left eye conjunctival injection, lacrimation, eyelid edema, ptosis and miosis, 1b-Left concha bullosa- Coronal FLAIR images on MRI, 1c-After surgery- Paranasal sinus CT.

DISCUSSION

Although CB is a common diagnosis in otorhinolaryngology and a common cause of facial pain, it is recently exemplified in headache attributed to the disorder of the nose and paranasal sinuses in The International Classification of Headache Disorders, 3rd edition (beta version) in 2013 (2).

Neurologists should be aware of the CB diagnosis in differential diagnosis of patients suffering from unilateral continuous pain.

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