Cases of Occipital Neuralgia

Case present

頭痛讀書會

April. 14. 2012

Case 1 吳黃 陶　6389711　72y/F

- I. Brief history: (OPD)

  1) A female 70y/o with Hypertension history. R't occipital bone protrusion bone mass medial to mastoid for long time

  2) This times she got neck pain with r't occipital compression pain during neck moving for One month with lower neck sparing on neck full extension. Tenderness: positive.

  3) Poor response to r't occipital nerve local injection (one time)

  4) Refer to NS Chief He doctor for further OP evaluation.

- II. Course and treatment: (Ward)

  1) MRI of Skull Base (2012.3.17): No definite abnormal finding in the skull base and high cervical region

  2) CT of Head and neck(2012. 3.19): Right neck mass

  3) Consult NS for operation (3.20)

  4) Biopsy: osteoma

Active problem:

.Right neck painful mass, cause to be determination

.Degenerative change of thoracic spine with spurs formation

.Constipation

.Dizzines .Hypertension

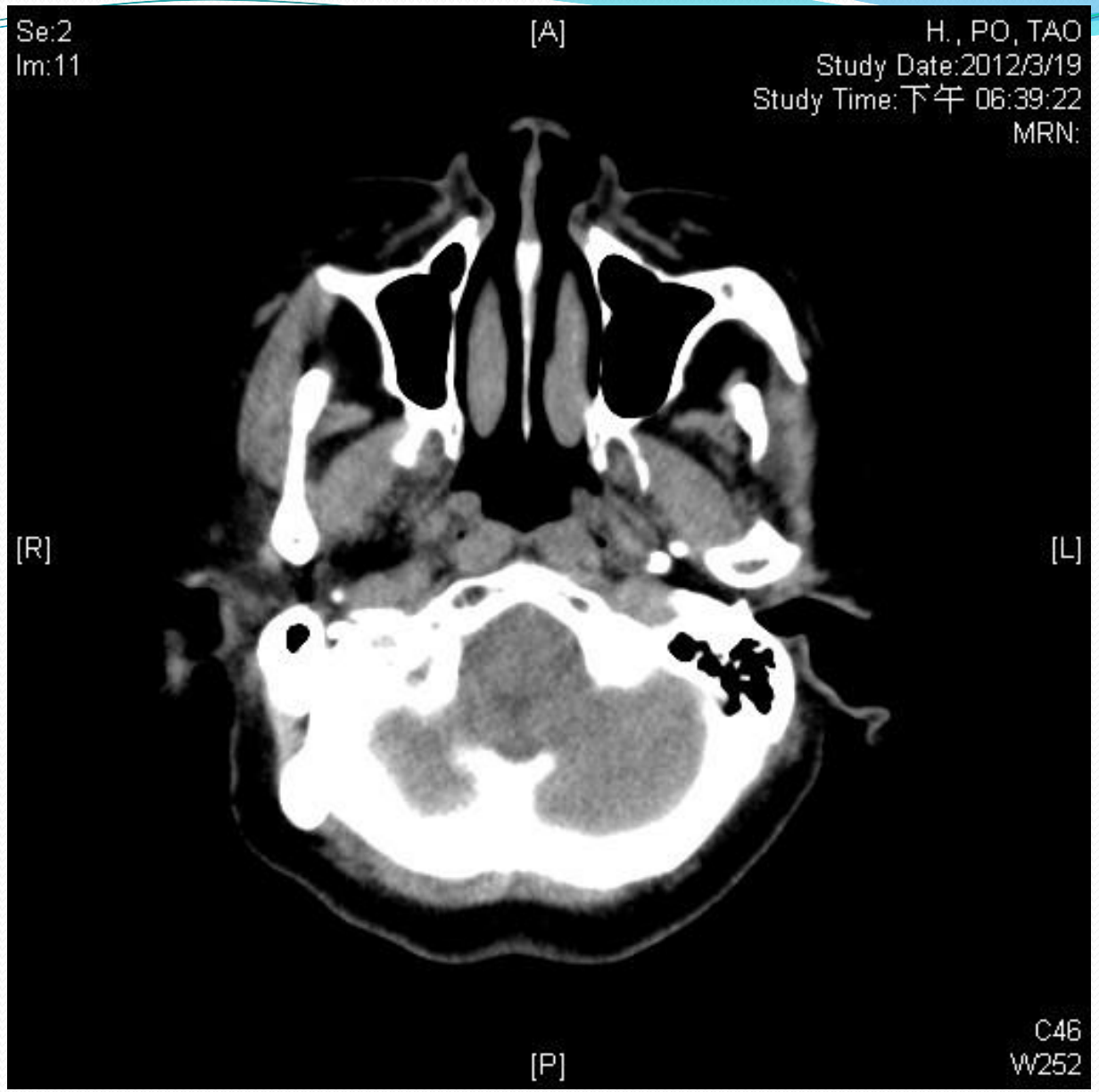
.Cerebral atherosclerosis

Plan:

.wait W5 operation

Right occipital tumor suspect osteoma s/p excision

Constipation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Case 2

- I. PH: R’t lung mass post OP at KVGH in 2000. Partial Hornor isn. . L't hyprhydrosis since years time ago
- II. Visited OPD in 2011/4/23: Cervical facets pain with l't occipital pain with tenderness. IMP: 1) Suspect old brain stem infarction. 2) l't C facet pain . 3) L't Occipital neuralgia (3weeks)
- Chest CT (2011/7/23): at chest.l dural based tumorat anterior midline foramen magnum and Senile change of the brain CT: with small vessel disease, small old

  20x8 mm infarction over bilateral basal ganglia (refer pain since 2011/2 stationaly, no other neurologic sign, no neck moving paiwith L't occipital neuralgia n)
- B MRI: Regression or disappered of clivus tumor, no brainstem compression; Mild C1/2 narrowing due to hypertrophy of the ligament posterior to

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- . refer to NS Chief He Dr for furhter OP evaluation. Then admitted to NCS

Case 2 陳邱 妹　60534419　75y/F

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Case 2

101/02/26

1. Clival ganglion cyst. 2. C1-2 subluxation.

3. Upper T-spine tumor s/p. 4. Anemia due to acute blood loss.

101-02-17 1. SUBOCCIPITAL CRANIECTOMY AND LAMINECTOMY OF C1.

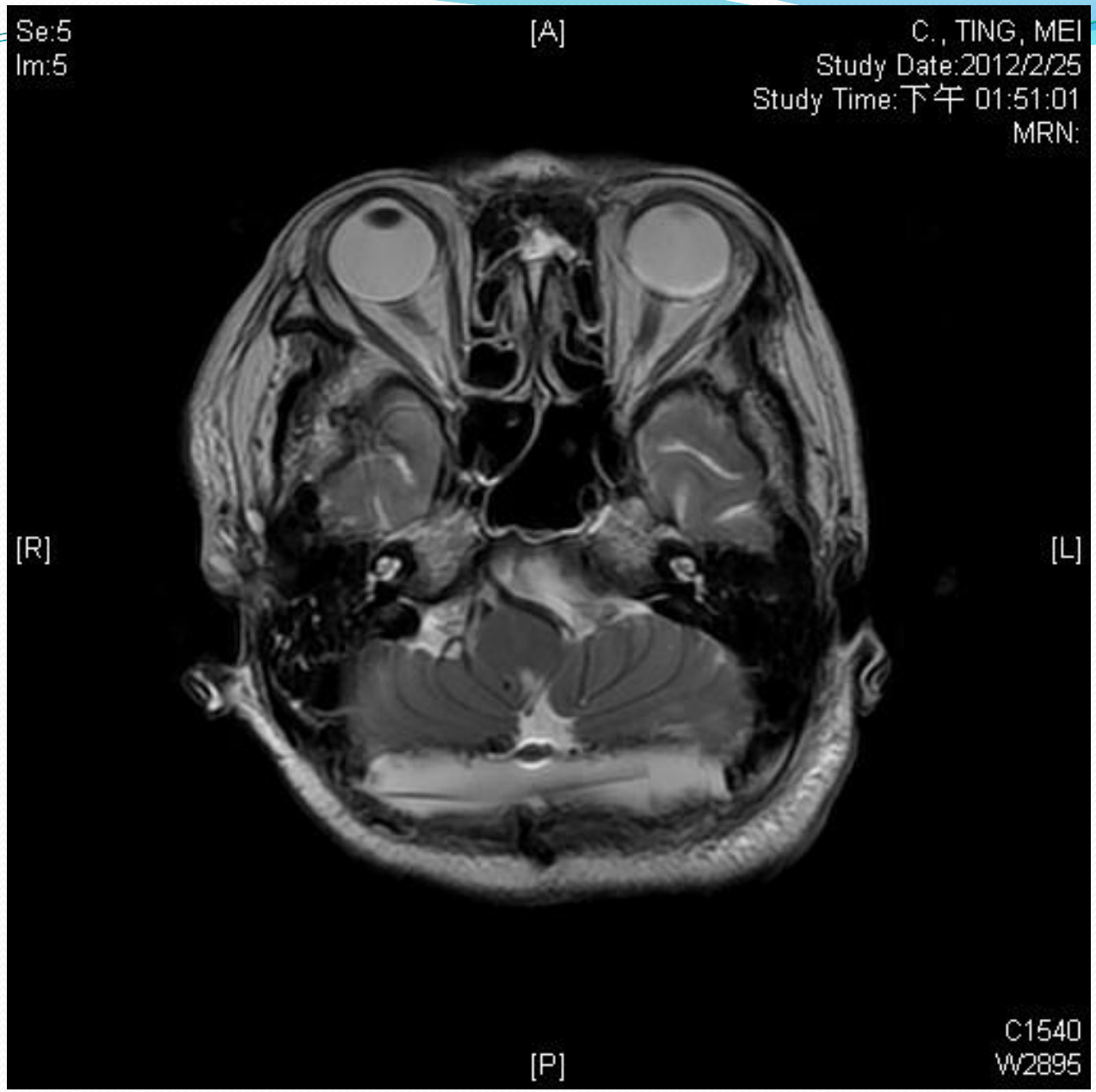
2. SKULL BASE TUMOR SURGERY WITH TOTAL EXTIRPATION OF TUMOR.

3. APPLICATION OF SPECIAL MACHINES- EVOKE POTENTIA

L.. 4. TRANS-ARTICULAR FIXATION AND FUSION OF C1 AND C2. SPINAL FUSION, POSTERIOR SPINAL FUSION,

WITH SP, <=6 M

Pathology: Ganglion cyst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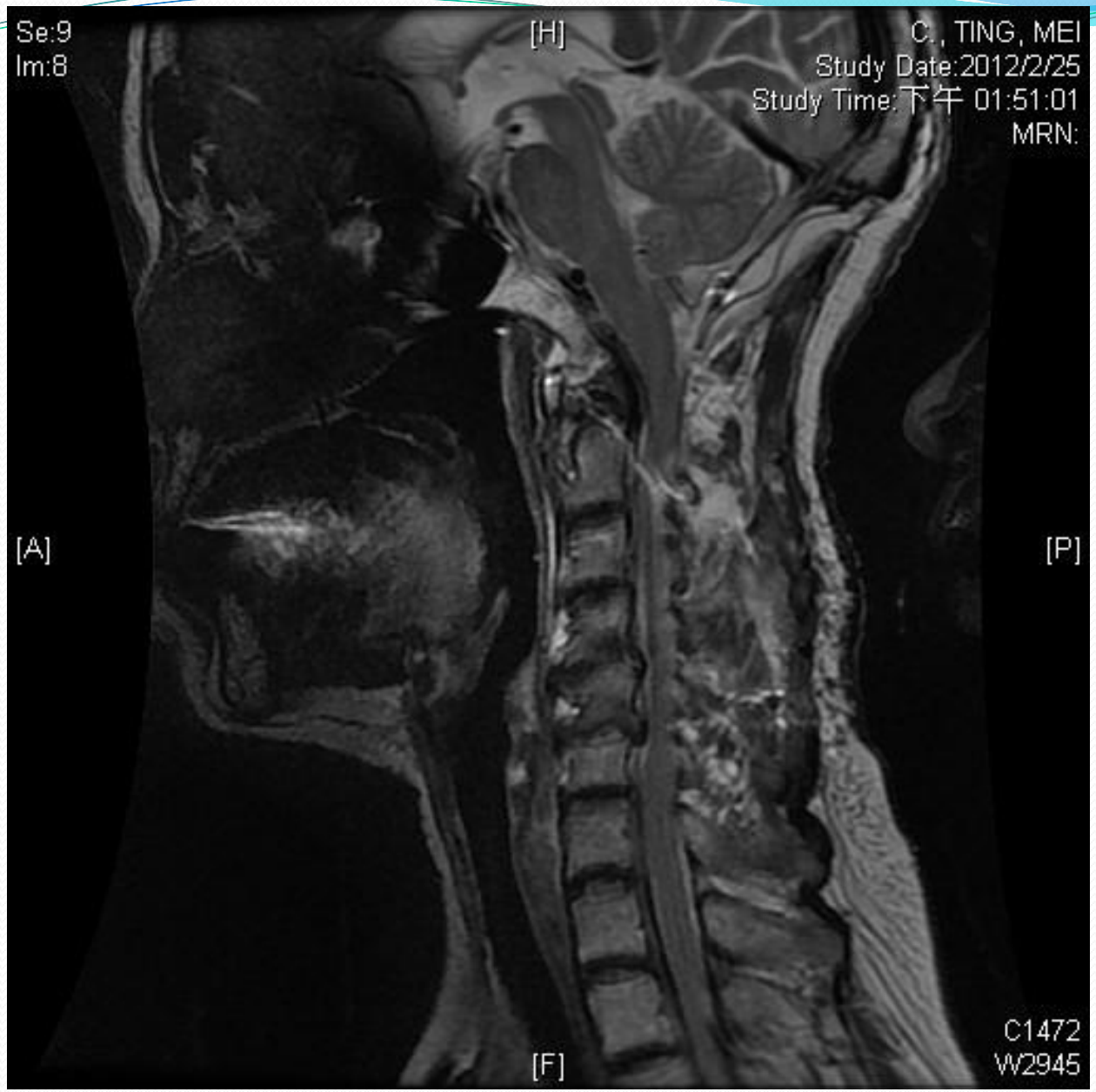
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Case-3

- PH: This 55-year-old woman with problem of 1.ESRD with requlr hemodailysis on qw1,3,5 2.hyperkalemia 3.left temporal tumor, R/O meningioma 4.Elevated liver function test, cause? 5.occippital neuralgia

  6. Restless leg syndrome. 7.LBP spondylosis with L radiculopathy.

  8.osteporosis 9. . Infarction in left middle cerebral artery territory during 2011/03 (admitted to nephrology)
- PI: This time, she was visited neurology OPD due to r't occipital pain during each hemodialysis for 3 weeks. Poor effect of r't occipital nerves injection at neurology OPD. Then she was admitted to nephrology ward due to general malaise for 3~4 days under impression of hyperkalemia and impaired liver function.
- Course and treatment:

  After admission, we keep hemodialysis and medical treatment for hyperkalemia. We kept supportive care for impaired liver function. The abdominal echo showed no specific finding

•The lab data showed no chronic hepatitis. Then improving
•As brain tumor noted on brain CT finding at MER
1.Two meningioma in left frontotemporoparietal 3.5 cm and left inferior temporal lobe 2.0 cm.
=>Dexan 1pc q6h use
2.Elevated liver function test, cause?(improve)<Inactive or chronic problem>
3.ESRD with regular hemodailysis on qw1,3,52.hyperkalemia
Plan: Transfer to Neurology ward due to no NICU bed available, and condition improving (r't occipital neuralgia improved, without other S/S.

Case-3

- Progressively r’t limbs waekness even with dexan treat about one week after admission
- Consult NS for further OP intervention evaluation
- Sudden onset cardiac arrest due to hyperkalemia
- Post CPCR for about 50 minutes, with the heart rate regained, but expired in several hours later

•The lab data showed no chronic hepatitis. Then improving
•As brain tumor noted on brain CT finding at MER
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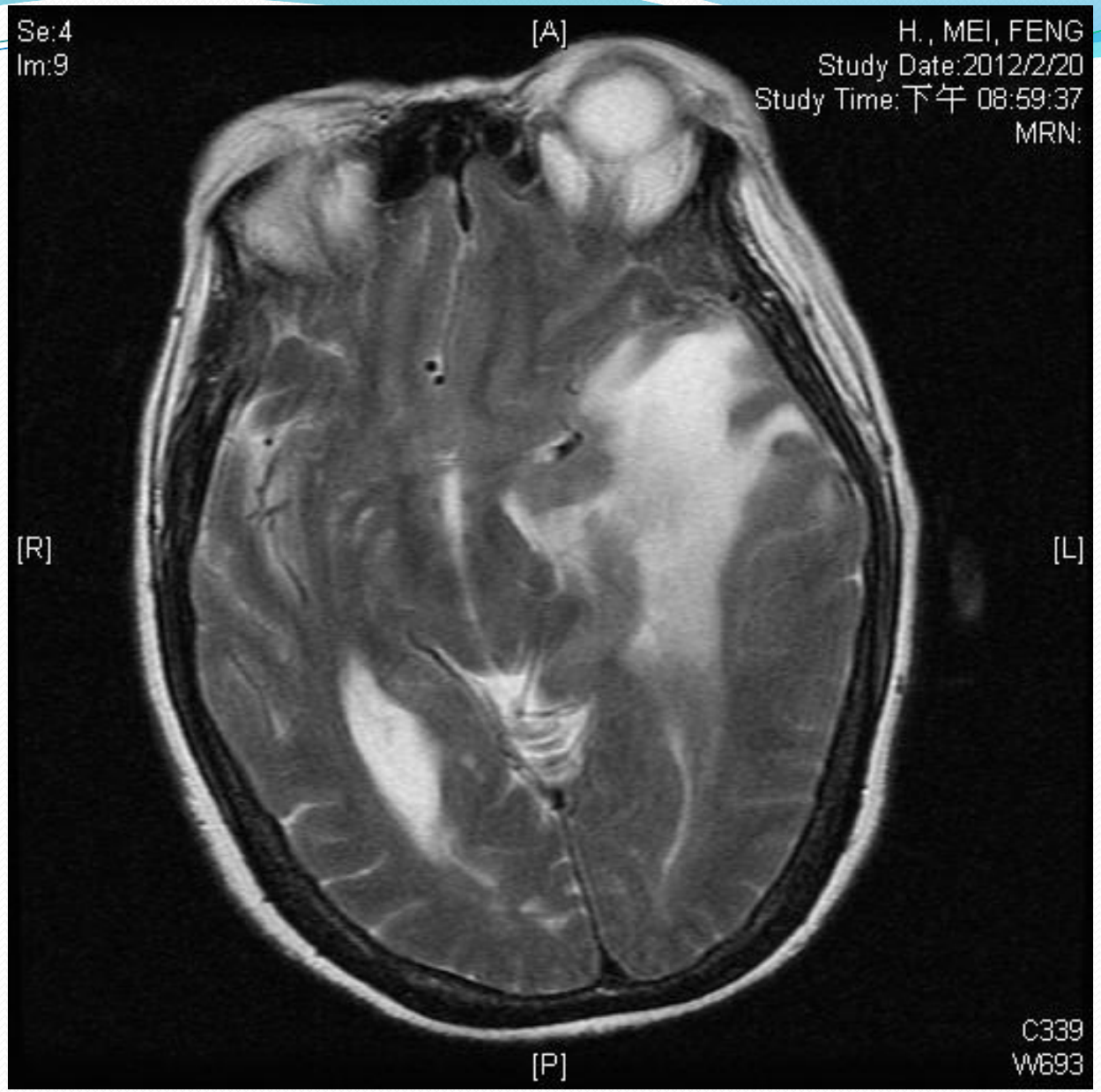
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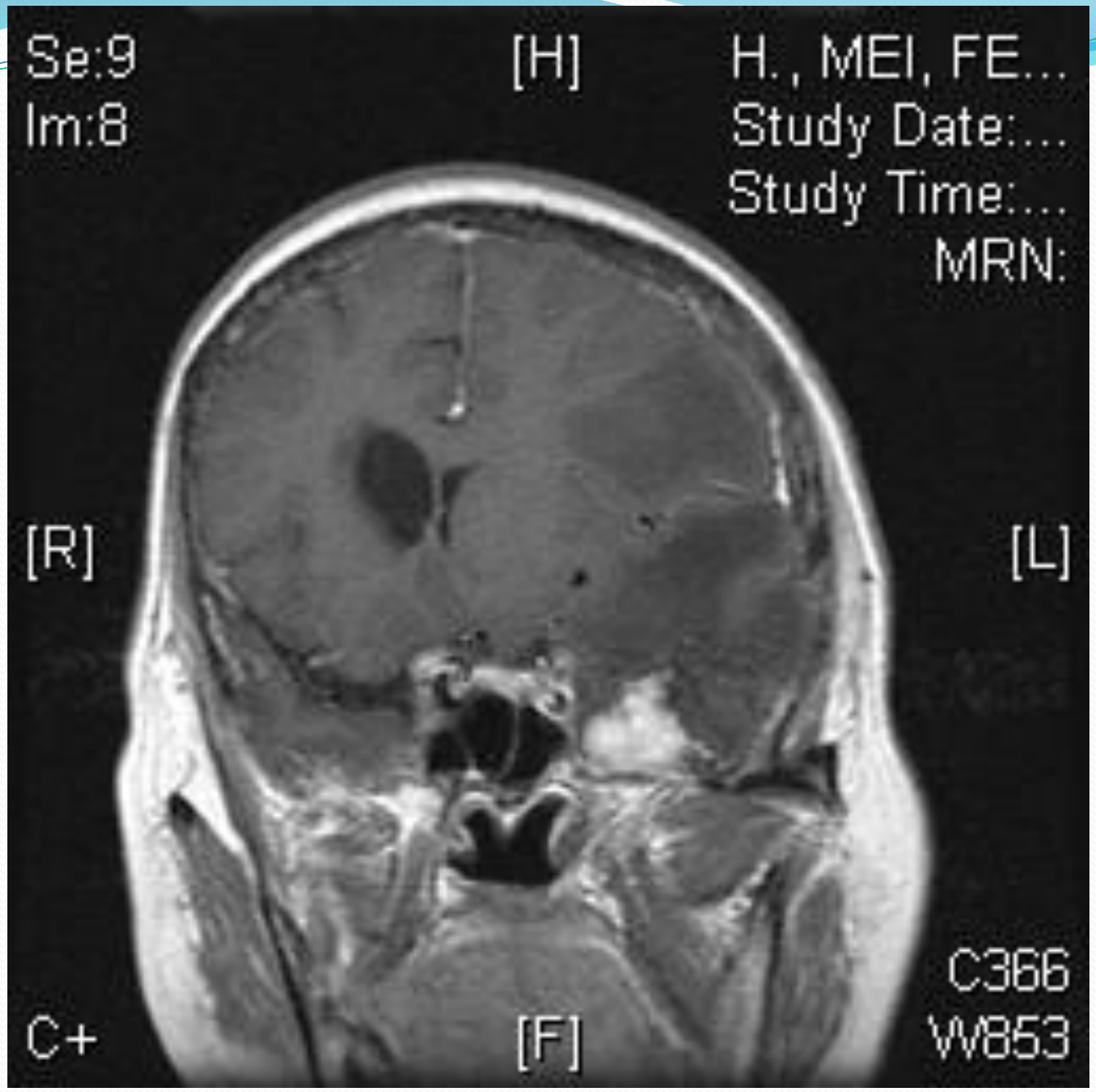
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