

Symptoms and Signs/Obsolete/Evergreen/New **Chronic Intractable Headache**

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In private practice we often see patients of migraine or tension headaches (or patient having both) who do not respond to any drugs.

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The following three will help:-

1. Therapeutic test with large dose of steroids
2. Inj. of Botox locally can be given by any specialist
3. Acupuncture

Bradyarrhythmias and pacemakers

Suspect bradyarrhythmia in patients with symptoms of fainting, shortness of breath, chest, pain or lethargy, and a heart rate <60beats/min on examination

Request 12-lead electrocardiography (ECG) to detect conduction abnormalities such as atrioventricular block or sinus node disease, and blood tests to exclude thyroid disorder and electrolyte imbalance

Referral to a cardiologist is usually needed to evaluate heart function and for management

Pacemaker implantation is indicated when symptoms can be attributed to bradycardia or atrioventricular block, or in asymptomatic patients with type 2 second degree heart block or complete heart block

Complex devices such as biventricular pacemakers and implantable cardioverter defibrillators are being considered in patients with a pacing indication and left ventricular impairment to prevent worsening left ventricular function or sudden cardiac health

S Honarbakhsh, L Hunter, A Chow, Ross J Hunter, The BMJ, 2018, 456

Spontaneous subarachnoid haemorrhage

Subarachnoid haemorrhage is an uncommon and severe subtype of stroke affecting patients at a mean age of 55 years, leading to loss of many years of productive life. The rupture of an intracranial aneurysm is the underlining cause in 85% of cases. Survival from aneurysmal subarachnoid haemorrhage has increased by 17% in the past few decades, probably because of better diagnosis, early aneurysm repair, prescription of nimodipine, and advanced intensive care support.

Challenges that remain relate to prevention of subarachnoid haemorrhage by improved screening and development of lower-risk methods to repair or stabilise aneurysms that have not yet ruptured.

R Loch Macdonald, Tom A Schweizer, The Lancet, 2017, Vol 389, 655