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Under the aegis of Department of Neurology
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Nummular Headache: Clinical Characteristics and Therapeutic Outcomes from a South Indian Cohort.

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Background & Aim

Nummular headache (NH) is an uncommon, newly identified primary headache disorder characterized by a distinct, coin-shaped region of pain on the scalp. Despite growing awareness, information regarding its clinical features and treatment outcomes is still scarce. This case series seeks to outline the clinical profiles, diagnostic elements, and treatment responses in patients diagnosed with NH over a five-year span.

Materials & Methods

A retrospective analysis of all patients diagnosed with NH at a tertiary care neurology clinic was conducted for the period between January 2020 and December 2024. The diagnosis was established based on the criteria from the International Classification of Headache Disorders (ICHD-3). Collected data included demographic details, headache features, accompanying symptoms, neurological assessments, imaging results, and treatment responses. Patients were followed for a minimum duration of six months.



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Results

- Eight patients were identified (8 females), with an average age of 25.5 ± 5.4 years.
- Most reported experiencing localized, pressure-like or stabbing pain in the parietal region. Pain intensity varied from moderate to severe, with the majority reporting episodic symptoms.
- No focal neurological deficits or abnormal findings on neuroimaging were observed.
- Duration of symptom lasted from 3 months to 12 months
- Indomethacin and gabapentin were the most frequently administered treatments, with 66.7% of patients reporting substantial relief. Other medications, such as amitriptyline exhibited varying levels of effectiveness. Underlying associated condition detected were hyperglycemia and vitamin D deficiency.

Discussion

NH continues to be an under recognized condition due to its atypical presentation and similarity to other headache disorders. The results confirm the benign nature of NH and emphasize the necessity of clinical diagnosis substantiated by the exclusion of secondary causes. Treatment responses were inconsistent but generally positive with both indomethacin and gabapentin.



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Conclusion

This five-year case series emphasizes the clinical diversity and treatment responses associated with NH, highlighting the importance of increased clinical awareness and tailored therapy. Increased recognition and larger prospective studies are essential to develop standardized management approaches.