

Generalized EEG abnormalities in cluster headache

Sir,

A strict temporal association between cluster headache (CH) attacks and sleep has been described [1], but very few polysomnographic studies of CH patients during their active period have been undertaken.

For this reason, we performed polysomnography in thirteen unmedicated patients (9 males, 4 females; mean age 41.38 years) affected by episodic CH (IHS criteria, 2) and with ocular autonomic signs ipsilateral to the side of pain. Cluster attacks occurred during the night recording in only three patients (2 males, 1 female); three females, none of whom experienced attacks during the night, presented generalized EEG abnormalities.

Of these latter patients, patient 1, aged 29 years, has suffered from photosensitive GM seizures, well controlled by phenobarbital, since the age of 22; her CH started when she was 24. Baseline EEG showed generalized photoparoxysmal discharges whereas, during NREM sleep, EEG activity was characterized by brief trains of generalized spike and polyspike and wave complexes (3 c/sec).

Patient 2, aged 37 years, has a positive familial history of idiopathic epilepsy and suffered a head injury at the age of 24. Clinical, EEG and neuroradiological findings had always been normal. CH started at the age of 28. The nocturnal recording revealed frequent trains of generalized rapid spike and polyspike and wave complexes (3-4 c/sec), strongly activated by all NREM sleep stages.

Patient 3, aged 41 years, with no familial or personal history of neurological disorders, has experienced CH since the age of 20. Her NREM sleep EEG showed dispersed generalized rapid (4-5 c/sec) polyspike and wave complexes bilaterally predominant on the anterior leads. In patient 1, the EEG findings may be explained by her known generalized epileptic seizures; an association be-

tween CH and epilepsy has recently been reported [3]. The ipsilateral association of pain attacks with head injury (case 2) has also been reported [4]. However, the third patient had no antecedents to explain her EEG pattern.

Our findings might be an element in favour of the central hypothesis of CH and the already described possibility of a gender relationship [5]; studies of a larger sample of patients, with a careful follow-up that includes the remission phase of CH, would be advisable to confirm observation.

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A possible pharmacological treatment of baclofen overdose

Sir,

A 49-year-old, severely spastic, normal-weight woman affected by former acute myelitis was admitted to the Neurosurgical Department of the Istituto Nazionale Neu-

rologico "C. Besta" of Milan for an intrathecal baclofen bolus test and intrathecal administration device implant, as the oral treatment of her spasticity with 75 mg/day baclofen and 12 mg/day tizanidine was not effective in