



## Carotid artery dissection mimicking a new attack of cluster headache case report

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**Background:** Dissection of the cervical portion of the carotid or vertebral arteries is associated with headache, neck pain, or facial pain in 80% of patients. The headache may be isolated, or associated with an ipsilateral Horner syndrome or stroke symptoms. The headache is typically unilateral and ipsilateral to dissection. Facial pain is common and ipsilateral cranial nerve palsies, especially of lower cranial nerves are not infrequent. Onset of headache is usually gradual, although sudden thunderclap headache may occur. The headache usually non-throbbing and severe facial and orbital pain has been reported in more than 50% of case.

Symptomatic or secondary cluster headache is associated with different kind of lesions located in the middle fossa, near the sellar or para sellar structure like pituitary adenoma and meningioma of sphenoid wing and can secondary to internal carotid artery dissection, thus carotid artery dissection could stimulate a cluster headache.

**Case Presentation:** A 53-year-old man presented to the emergency room with 10-day history of recurrent right peri-orbital headache. Headaches were sudden, severe, pulsating of thirty minutes duration and occurred once or twice a day. Headache was accompanied by ipsilateral ptosis, miosis, conjunctiva injection, lacrimation and nasal stuffiness in right side, the remaining cranial nerves and neurological examination were normal. **Conclusion:** Individuals presenting with new onset of a cluster headache may have an underlying internal carotid artery dissection and to distinguishing from primary cluster headache further investigation must performed, like color duplex sonography of cervical arteries and cervical angiogram.