



# TEACHING COURSE HEADACHE

## Neuroimaging in clinical practice

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# Disclosures

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- *Serves as an associate editor of Neurological Sciences*



# Learning objective(s)

## *To Identify:*

- *patients suffering from primary/secondary headache by a clinical-based approach*
- *patients with “presumed” primary headache requiring neuroimaging investigation*
- *patients with “secondary headache” requiring neuroimaging investigation*
- *neuroimaging approach more appropriate for the diagnostic hypothesis*
- *advanced neuroimaging limitations in headache clinical practice*



# Key messages

- *Discriminate 'red flags' pointing to a secondary headache and requiring neuroimaging to detect subtending treatable causes and severe disease*
- *There is no necessity to do neuroimaging in patients with primary headaches who have a normal neurologic examination and no atypical features or red flags.*
- *Neuroimaging may be considered for "presumed" primary headache with unusual or atypical symptoms (e.g. prolonged or persistent duration, increasing frequency, severity, first or worst headache, coexistence of neurological features, late-life headache accompaniments, side-locked headache, posttraumatic headache, etc)*



# References

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