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EPTINEZUMAB SUCCES IN SHORT-LASTING UNILATERAL NEURALGIFORM HEADACHE ATTACKS WITH CONJUNCTIVAL INJECTION AND TEARING: A CASE REPORT.

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BACKGROUND AND IMPORTANCE

Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT) is a **rare primary headache syndrome** whitch the prevalence and incidence are uncertain.

The main treatment in acute pain attacks is intravenous lidocaine by continuous infusion (1.3 to 3.4 mg/kg per hour). Some studies suggest that lamotrigine, topiramate, gabapentin, oxcarbazepine, carbazepine and duloxetine are effective preventive therapy.

AIM AND OBJECTIVES

Describe the **efficacy of eptinezumab**, a monoclonal antibody against calcitonin-gene related peptide (CGRP), in a **patient with difficult-to-control SUNCT**.

MATERIAL AND METHODS

✓ Retrospective descriptive study in a patient with SUNCT treated with lidocaine infusion at maximum doses and multiple preventive drugs.
✓ Data collected: digital clinical history
✓ Literature review: UptoDate and PubMed

RESULTS

A 78-year-old woman was admitted to the hospital due to a hypertensive crisis and hyponatremia. She had been diagnosed with trigeminal neuralgia years ago and was being treated with carbamazepine(which was interrupted by hiponatremia). The patient developed left periocular pain with autonomic symptoms (tearing and conjunctival injection, self-limited and of short duration). She was diagnosed with SUNCT and was treated with a lidocaine infusion of 3.4 mg/kg per hour (one month) and preventive drugs (topiramate, oxcarbazepine, lamotrigine, and gabapentin). However, each time the dose of lidocaine was reduced, the patient could not tolerate the pain, being unable to eat and sleep.

The specialist contacted the pharmacist to request the off-label use of eptinezumab. After a literature review on the efficacy of monoclonal antibodies against CGRP in SUNCT, a case series article reporting the success of galcanezumab in SUNCT was found. It was decided to try eptinezumab for its rapid onset of action. One week after eptinezumab administration, lidocaine was discontinued, and the patient was discharged on full doses of lamotrigine and gabapentin.

CONCLUSION AND RELEVANCE

Eptinezumab **was effective** in **discontinuing the lidocaine infusion and preventing cardiac toxicity** due to the prolonged duration of treatment **in combination with other therapies**.

References: Bsteh, Gabriel et al. “Refractory short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing responsive to anti-calcitonin gene-related peptide monoclonal antibodies: A case report.” Cephalalgia : an international journal of headache vol. 41,1 (2021): 127-130. doi:10.1177/0333102420954558