- Bright flashing lights
- Excessive sound

Cortical Spreading Depression (CSD)

Precipitant/ Trigger ↑ glutamate, nitrous oxide Release of H, K ions Regional cortical oligemia and activation of the caudal portion of the trigeminal ganglion Excitation of the trigeminal- vascular system Release of vasoactive instestinal peptides Vasodilation → extravasation of plasma proteins from dural vessels (neurogenic vascular inflammation) Excitation of pain-sensitive receptors and onset of pain

- Considered to be an inherited physiologic response to a variety of stimuli that are responsible for triggering the migraine process
- Also possible to start without a trigger, but most likely meron

2004 International Classification of Headache Disorders

- Migraine
 - Migraine without aura
 - Migraine with aura
 - Typical aura with migraine headache
 - Typical migraine with nonmigraine headache
 - Basilar-type migraine

 Childhood periodic syndromes that are commonly prefure of fugraine

 Cyclic vomiting

 Abdominal migraine

 Benign paroxyantal vertino or childhood

 Retinal migraine

 Chronic migraine

 Chronic migraine

 Status

 - - Status migraine
 - Persistent aura without infarction
 - Migrainous infarction
 - Probable migraine
 - Summary table at last page (very impt!)

Childhood Periodic Syndromes that are common precursors of migraine

- Cyclic vomiting –more common manifestation
- Recurrent, sometimes monthly
- Protracted, persists for several days
- Pale, frightened but no loss of consciousness
- After the episodes → normal
- (+) family history of migraine
- As they grow \rightarrow (+/-) migraine
- Rx:
- Antiemetic (antihistamine prevents EPS)
- Fluids
- Differential diagnosis: anything that can cause vomiting
 - 1. Intestinal obstruction
 - Peptic ulcer
 - 3. Gastritis
 - 4. Giardiasis
 - 5. Chronic pancreatitis
 - 6. Crohn's Disease
 - 7. Abnormal GI motility
 - 8. Pelviureteric junction obstruction