

## Trigeminal autonomic Cephalalgias (Tacs) and its types

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### Abstract

**Trigeminal Autonomic Cephalalgias (TACs) are a group of primary headache disorders that are characterized by the distribution of pain that occurs in contact with ipsilateral cranial autonomic symptoms. These include headaches like cluster headache, paroxysmal hemicrania and short lasting unilateral neuralgiform headache attacks. These are quite painful; these are considered to be the deadliest pain that occurs to the mankind. These occur short duration of headaches around the eye with characteristics like nasal congestion, swelling of the eyelids and facial swelling.**

**Keywords:** Cluster headache, Facial swelling, TACs

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### Introduction

Cluster headache occurs in contact with cranial autonomic features in most patients. Women described these to be more painful than the childbirth. These are unilateral headaches. They are very painful and severe. These headaches are usually located around the temporal areas, although any part of the head can get affected. They generally last for a period of 1 hour and in some cases they also extend to about 3 hours and can get unbearably painful. Most of the patients reported that these headaches occur at the same time of the each day. Some cause of cluster attacks are consumption of alcohol and intense workouts.

Paroxysmal hemicrania is a rare form of headache that we get to witness in patients. It is a one sided headache i.e. it occurs around or behind the eye area. Patient should carefully be assessed by their doctor for any underlying cause. These are sudden, severe and short lasting attacks that affect the area around the eye. These are usually observed in women. The name justified as Paroxysmal means sudden attack and hemicrania means side locked. These occur at least twice a year and lasts almost for a week with pain free periods. Chronic PH attacks occur more than twice involving different characteristics and intensity.

Both the Cluster and PH seems quite similar as both are one sided headaches but we can differentiate them through only a single means that the PH responds well to the medicine "indometacin." If people cannot take indomethacin, there are verapamil or pericranial nerve blocks being used.

Short lasting unilateral neuralgiform headache attacks are one of the types of TACs. This is a primary headache caused due to the trigeminal nerve distribution and by autonomic manifestations. This is similar to the Cluster type of headaches. Treatment of SUNCT is IV idocaine for acute attacks and, for prevention, ant seizure drugs and occipital nerve stimulation or blockade. They last mostly for seconds to minute's time. The diagnosis is clinical i.e. through CT scan or MRI scan to know the actual cause of the issue.

Treatment for Trigeminal Autonomic Cephalalgias (TACs) involves different therapies based on the type of TACs. Cluster headaches usually respond to 100% oxygen inhalation or just oral medication. If that doesn't show any effect then they patient may also go for Nasal spray of sumatriptan. These headaches can also be brought under control using a short dose of the powerful drug corticosteroids. The discussed therapies are for immediate and short term relief. For long term prevention, lithium carbonate based medications will be suggested by the physician.

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