

Headache

HEADACHE AS INITIAL PRESENTATION OF ESSENTIAL THROMBOCYTOSIS

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Herein, we report on an 18-year-old man who presented with severe headache (VAS score 9) for last 15 days. He had severe holocranial head pain, attacks intermittently for 4 to 5 days around 15 days interval lasting about whole day and night since last 2 years not associated with cranial autonomic symptoms, relieved on taking analgesics, antioedema measures and anticoagulant. On examination funduscopy showing bilateral papilledema. No focal neurological deficit. CSF opening pressure 27cm of H₂O. Contrast MRI brain was normal. He was diagnosed as cerebral venous sinus thrombosis involving bilateral transverse sinus thrombosis, after the exclusion of secondary aetiologies one and half year before. The initial laboratory examination showed haemoglobin 14.7 g/dL, haematocrit 43.3%, absolute eosinophil count was 2720/ μ L and platelet 5.13 lac/cumm. Patient was screened for a neoplastic process through biological markers, and the diagnosis of essential thrombocytosis was established. JAK2 mutation analysis was positive, and bone marrow biopsy confirmed hypercellular marrow with increased megakaryocyte number and shows multifocal clustering, mature, dwarf like hyper lobulated nuclei. He is being treated with aspirin and hydroxyurea and his headache has improved from last 1 month. The present case highlights secondary headache as an initial presentation of chronic myeloproliferative disorder. Presence of high eosinophil count in peripheral smear with neurological involvement are the pointer for more serious disease even in tropical countries where eosinophils are usually elevated. Keywords: Bone marrow

