

# Pain Clinic with an Interest in Cervicogenic Headache: Audit Results

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## Summary of background data

Cervicogenic headache is defined as pain referred to the head from the cervical spine, and test blocks are advocated as a diagnostic tool (1). Unless in a specialist setting, the spinal origin of a headache can be overlooked.

## Methods

We conduct continuous audit of all headache cases.

*Definition of diagnosis.* Included in this series are cases that met two conditions: a) signs of ipsilateral neck involvement and/or occipital 'trajectory' of head pain (Fig 1); b) a temporary response of the headache to either cervical medial branch block or occipital nerve block.

*Definition of outcomes.* The outcomes are presented categorically as either success or failure (2). Success is defined as sustained, complete/near-complete resolution of the headache with functional recovery and remission uninterrupted or, in case of recurrence, reinstated.

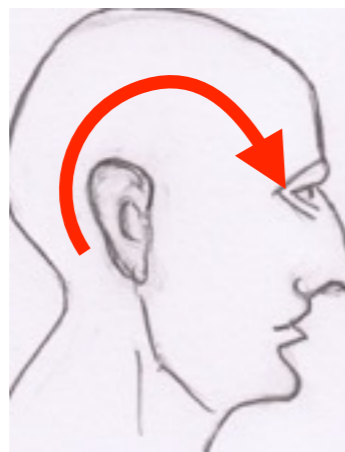


Fig 1. Occipital trajectory of the pain

## References

- 1) Bogduk N, Govind J. Cervicogenic headache: an assessment of the evidence on clinical diagnosis, invasive tests, and treatment. *Lancet Neurol* 2009; 8:959–68
- 2) MacVicar J, et al. Cervical medial branch radiofrequency neurotomy in New Zealand. *Pain Med* 2012; 13:647-654.
- 3) Gorelov V. Bipolar radiofrequency denervation for treatment of cervicogenic headache: a case report. e-Poster @ WIP 8th World Congress, New York 2016/ Abstract. *Pain Pract* 2016; 16, S1:80-81

## Objectives

We present outcomes of consecutive cases of cervicogenic headache over a 6-year period.

Success	Failure/inconclusive/partial
42 (68%)	20 (32%)

Table 1. Outcomes: 62 cases (total of 84 less 22)

## Results

The total number of cases in the series is 84. We observed a steep rise in referrals per year (Fig 2). The treatment comprised a combination of cervical spinal exercises, repeat cervical blocks and in 16 cases RF neurotomy of C2-4 medial branches (3). 22 cases are currently ongoing. Of the remaining 62 cases, the number of successful outcomes was 42 or 68% (Tab 1). The number of failures was 15: 4 outright failures, 11 inconclusive, lost to follow-up or declined treatment; 5 patients had a clinically significant, but not complete improvement and are not counted as a success.

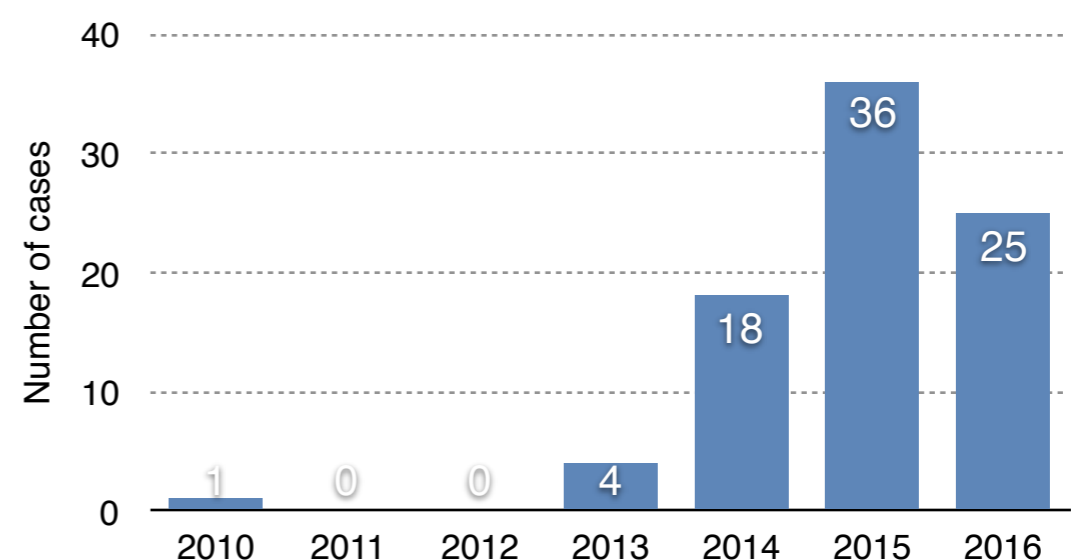


Fig 2. Case/year; 2016 numbers are from first half

## Discussions/conclusion

In our experience, addressing the source of cervicogenic headache in a specialist setting achieves a successful outcome in 68% of cases and this result appears reproducible in day-to-day practice.