How Does Relief Of Venous Congestion By Venous Angioplasty Relieve Intractable Headaches In Some Patients: How To Select Them

Pierfrancesco Veroux

HEADACHE TRIAL

single-center
open label observational study,

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364 MS patients who underwent venoplasty:

113 headaches positive patients (82 relapsing remitting (RR), 22 secondary progressive (SP), and 9 primary progressive (PP))

criteria of this study:

- Headaches resistant to best medical therapy
- DUS Non thrombotic IJVs Stenosis > 50%
- Moderate/Severe Insufficiency of IJV flow
- IJVs with stenosis suitable for Balloon Venoplasty
  - at least 12 months FU

Due to the fact that PTA of IJVs have been shown to be poor effective, patient selection is mandatory

Improvers
the presence of transversal defect is the single most important criteria for determining whether or not PTA will be successful.

Less Improvers
- Longitudinal leaflets

✓ Headaches
✓ Midas: Migraine Disability Assessment Score

Symptoms were assessed and collected:

- the day before angioplasty: related to the last 3-month
- 3 month after angioplasty: related to the first 3-month after pta
- last follow up: related to the 3-month before the last visit
Results:

- The mean duration between the PTA procedure and last follow-up appointment was 1237 days (3.39 years).

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Conclusion

- Patient selection is mandatory.
- Balloon Venoplasty of IJVs appears to be associated with a large and sustained (>3 years) reduction in MIDAS scores in MS patients.
- Our findings suggest that PTA might be a useful intervention for treating MS patients with persistent headaches and non-thrombotic stenosis of the IJVs.