Letter by Korn-Lubetzki Regarding Article, “Onset Headache Predicts Good Outcome in Patients With First-Ever Ischemic Stroke”

To the Editor:

We read with interest the article by Chen et al.\(^1\) reporting that onset headache predicts better outcome in patients with first-ever ischemic strokes. The study was performed in a large cohort and showed interesting results. The design of the study tries to correlate headaches to the anatomic localization and not only to vascular territories. This is of importance because there are insufficient data on the possible impact of anatomic stroke localization on the clinical presentation, course, and outcome.\(^2\) For this purpose, the authors defined anatomic localizations within the posterior circulation such as the cortex supplied by the posterior cerebral artery, thalamus, midbrain, pons, medulla, and cerebellum.\(^1\)

In this study, patients with onset headache were more likely to have ischemia in the posterior circulation, especially patients with cerebellar infarction. The conclusion was that onset headache was associated with modest but significantly better outcomes after ischemic stroke.

We have previously reported a study of 259 patients with first ischemic cerebellum–brain stem stroke, comparing them with 1029 patients with strokes within the anterior circulation. Our study showed that this anatomic localization is correlated with a better immediate and long-term prognosis.\(^2\) Therefore, we might suggest that the results of Chen et al.\(^1\) are similar to ours and that the correlation of headache with a better prognosis is attributable to the anatomic localization within the posterior fossa.

Chen et al.\(^1\) also show in their study that patients with large artery atherosclerosis and cardioembolism, especially in the posterior circulation territory, are more likely to have onset headache. This is in disagreement with our study in which we have shown that patients with brain stem–cerebellar stroke are less cardioembolic. In the study by Chen et al.\(^1\) headache was correlated to stroke type or to the anatomic localization, but they did not address the stroke type within each anatomic localization. The clarification of this point might add value to the results.

Disclosures

None.

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References


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