



## SUNCT/SUNA

Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT) is a rare headache syndrome with the following features:

- Attacks are one-sided eye, above the eye or temple with stabbing or pulsating pain lasting less than 4 minutes
- Pain is accompanied by the eye turning red or tearing
- Attacks can occur between 3 to 200 times per day

Short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA) are very similar to SUNCT. In fact, SUNCT is likely a subset of SUNA with the main difference that SUNA may have other cranial autonomic features in addition to the eye turning red or tearing. In SUNA, the nose can be congested or runny and sometimes the eye swells up. Also, in SUNA, the eye is not always involved. Both SUNCT and SUNA are types of trigeminal autonomic cephalgias (TAC).

SUNCT/SUNA is sometimes misdiagnosed as Trigeminal Neuralgia. One of the differences is that if you keep triggering Trigeminal Neuralgia pain, it stops being able to be provoked; whereas, if you keep triggering SUNCT/SUNA pain, the pain does not stop from being activated. Both SUNCT/SUNA attacks can be triggered by simple thing like touching the face, talking, brushing your teeth, washing your face, cold wind on your face, etc.

### **Gender Differences**

- SUNCT - 2 : 1 male : female ratio
- SUNA - 0.5 : 1 male to female

### **Pain Characteristics**

- Attacks of SUNCT and SUNA are usually described as one-sided and the pain does not typically switch sides.
- Most SUNCT patients report pain in the region of the eye, while many SUNA patients report pain in the temple.
- The pain of SUNCT and SUNA is usually excruciating (10/10 in severity).
- Attacks last 5 to 240 seconds (4 minutes) and can occur 3–200 times per day.
- Attacks may feel like:
  - Single stabs
  - Groups of stabs
  - A longer attack composed of many stabs between which the pain does not resolve to normal, which is described as a “saw-tooth” effect.
- Most cases of SUNCT episodes last a few days to several months.
- SUNCT attacks usually occur during the day.
  - Only 7% of SUNCT patients reported their attacks happening mostly at night. (e.g. 73% of Cluster Headache patients report most of their attacks occur at night.)

## Triggers

- Touching the face or scalp, washing, shaving, chewing, eating, brushing teeth, talking and coughing.
- Potential triggers may include: washing or brushing the hair, light (including sunlight and fluorescent lights), blowing the nose, exercise and showering.
- Movement of the neck has shown to both start and stop attacks.
- Refractory period:
  - Unlike Trigeminal Neuralgia, SUNCT patients generally report little or no recovery between multiple attacks.
  - This is a primary difference in diagnosis between SUNCT/SUNA and Trigeminal Neuralgia.

## Neurological examination

- Generally, the neurological examination is normal
- Although SUNA patients have attacks similar to SUNCT in location, duration, frequency and severity, SUNCT is defined by red eyes and tearing, while many SUNA patients often lack these criteria.
- SUNA attacks often occur in the temple region of the head and are not always triggered by touch, unlike SUNCT attacks, which are triggered more than half the time by touching the face.

## Treatment

- Making the diagnosis of SUNCT/SUNA is very important as these patients often do not respond to the same medications as Cluster Headache or Migraine sufferers.
- Because the attacks are so short, acute care medications are not often very helpful. Medical management is usually focused on trying to prevent these attacks from occurring. Some of the helpful medications are as follows:
  - Lamotrigine
  - Topiramate
  - Gabapentin
- Sometimes if attacks are so severe, some sufferers can be admitted to a hospital to receive intravenous lidocaine.

## Summary

Both SUNCT and SUNA are considered two of the most disabling headache conditions there are. As with other forms of headache, it is necessary to have an accurate diagnosis and effective treatment plan. Access to a headache specialist is important. Once diagnosed with SUNCT/SUNA, it is important as with any headache type to minimize the frequency of attacks through optimal prevention. Also contact your provider if your symptoms or pattern change. Without consulting a knowledgeable provider, it's impossible to be sure that new symptoms or changes in pattern are attributable to SUNCT/SUNA and that no other condition is present. SUNCT/SUNA is reason to seek and request the best care available and then it's necessary to follow that advice.