

Epileptic headache: closing Pandora's box

To the Editor

In the letter by Belcastro and colleagues published in the June issue of *Epileptic Disorders* earlier this year, entitled "Migraine and epilepsy terminology and classification: opening Pandora's box" (Belcastro *et al.*, 2013), two points are discussed.

First, the authors advocate the use of the term "ictal epileptic headache", they themselves proposed. In our recent review article published in *Seizure* (Cianchetti *et al.*, 2013a), we discuss this term, since it would appear to be tautological. In fact, ictal "per se" signifies "relating to a seizure" (Oxford dictionary), "relating to a seizure or convulsion" (Farlex dictionary), or "relating to or caused by a stroke or seizure" (The American Heritage Medical Dictionary). Moreover, an "epileptic headache" is necessarily ictal; therefore, adding the term "ictal" does not provide more information and the term "epileptic headache" appears sufficient.

Second, the authors criticise our proposal of referring to "pure" or "isolated epileptic headache" in order to describe the conditions in which the seizure is limited to the headache, as we have illustrated in a recent publication in *Epileptic Disorders* in which we report a video case study and cite other similar cases (Cianchetti *et al.*, 2013b). The authors should also consider that a headache at the beginning of a seizure, along with other epileptic manifestations (as a true "aura"), is unequivocally an "epileptic headache". Therefore, it is necessary to add the term "pure" or "isolated" if no other epileptic manifestations follow, in order to differentiate between the two clinical pictures.

In this regard, it should be considered that only episodes of "pure" epileptic headache have a clinical relevance, and these should be differentially diagnosed from other types of headache, particularly when no other types of seizure occur and no epileptic abnormalities are present during the interictal EEG (as in our case and other cases).

Belcastro *et al.* (2013) suggest the use of the term "hemicrania epileptica" (used in the International Classification of Headache Disorders [ICHD]-2 and ICHD-3) when an epileptic headache is followed by other epileptic manifestations. This implies that all epileptic headaches followed by other epileptic manifestations have "hemicranic" characteristics, with headache and ictal EEG paroxysms occurring on the same side (according to the definition in ICHD-2

and -3). This is absolutely not true, as shown in the literature reported in our review article published in *Seizure*. Moreover, the term "hemicrania epileptica", introduced by Isler *et al.* (1987), refers to a condition reported only by these authors, and in any case (as defined in ICHD-2 and -3) refers unequivocally to an "epileptic headache", a very rare variant.

In the title of their letter, Belcastro *et al.* (2013) appear to describe the proposal of our terminology (Cianchetti *et al.*, 2013b) as opening Pandora's box. However, as explained above, the terms based on simplicity and unambiguous reference to clinical patterns cast out any uncertainty and confusion.

As a summary for the reader, our definition, recently published in *Seizure* (Cianchetti *et al.*, 2013a), for "epileptic headache (EH)" is a headache (whether migraine or not) with onset, and cessation if isolated, coinciding with an EEG pattern of epileptic seizure, featuring two variants: A) "pure" or "isolated", *i.e.* "isolated epileptic headache", or B) headache followed, without discontinuity, by other epileptic manifestations, thus effectively an epileptic seizure beginning with headache (as an "aura"). □

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