Letter to the Editor: Idiopathic Hypertrophic Pachymeningitis presenting as Occipital Neuralgia with associated Chiari Malformation

José L Ruiz-Sandoval,1,2 Marco A Sánchez Torres2, Jefte Felipe Uribe-Martínez3, Amado Jimenez-Ruiz1

1. Servicio de Neurología, Hospital Civil de Guadalajara “Fray Antonio Alcalde”. Guadalajara, Jalisco, Mexico.
2. Departamento de Neurociencias, Centro Universitario de Ciencias de la Salud, Universidad de Guadalajara, Guadalajara, Jalisco, México.
3. Servicio de Reumatología, Hospital Civil de Guadalajara “Fray Antonio Alcalde”. Guadalajara, Jalisco, México.

Keywords: Pachymeningitis; headache; Neuralgia.
DOI: https://dx.doi.org/10.4314/ahs.v24i2.16
Cite as: Ruiz-Sandoval JL, Sánchez-Torres MA, Uribe-Martínez JF, Jimenez-Ruiz A. Letter to the Editor: Idiopathic Hypertrophic Pachymeningitis presenting as Occipital Neuralgia with associated Chiari Malformation. Afri Health Sci. 2024; 24(2). 138-139. https://dx.doi.org/10.4314/ahs.v24i2.16

We read the case report published by Auboire et al., regarding a case of idiopathic pachymeningitis, presenting as occipital neuralgia1. We would like to enrich the presented discussion by presenting a recent case seen in our Neurology Department, with similar clinical features, but distinct radiologic findings.

A previously healthy 76-year-old man, with a history of a three-year progressively worsening headache, was seen in the out-patient neurology clinic. Headache semiology included short (a few seconds) bouts of paroxistic occipital “stabbing” pain, related to positional head movements. The pain radiated to the superficial posterior and anterior part of the right scalp, with an accompanying cramp-like sensation in the right occiput, a presentation consistent with occipital neuralgia (Arold’s Neuralgia). He also experienced vertigo, dysarthria, and right arm incoordination. A contrast-enhanced cranial MRI showed diffuse regular pachymeningeal enhancement (Panel A, B, C, and D; asterisk), and a 12-mm caudal cerebellar tonsil descent (type 1 Arnold-Chiari malformation) (Panel A, Arrow).

IHCP is an inflammatory condition, characterized by localized or diffuse thickening of the dura mater in the brain or upper spinal cord regions. It may be secondary to inflammatory, infectious, or neoplastic causes. When none are found, it may be classified as a primary disorder. IHCP affects older patients, and usually has an excellent response to steroids and immunosuppression. To our knowledge, this is the first case description of IHCP presenting with occipital neuralgia and associated cerebellar descent.
Conflict of interest
The authors state that they have no conflict of interest.

References