

MIGRAINE IN A PATIENT WITH ESSENTIAL HYPERTENSION

Report of a Case

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The patient, a married woman 47 years of age, came to the Clinic on October 15, 1937, complaining of right-sided headaches which had been present for eight years and of irregular menses for one year. An interesting observation was that she always had hemicrania on the right side affecting the right temple. These headaches occurred at any time, but usually began when the patient rose in the morning and lasted all day if measures were not taken to obtain relief. No aura preceded the ache, nor was it accompanied by visual disturbance. The headaches were quite severe and had become increasingly more frequent, recurring at intervals of two or three weeks at the time of admission. They were always accompanied by nausea and vomiting. On one occasion the patient had vomited sixteen times in one day and on another occasion ten times. Following the headache, the stools tended to be lighter in color. The patient suspected that several foods such as cheese and beer would provoke a headache.

Other probable manifestations of allergy included a chronic, mucoid postnasal drip and short periods of diarrhea not accompanied by crampy pain. A brother of the patient had migraine and her son had hay fever.

For one year the menses had been irregular and had been characterized by menorrhagia and periods of amenorrhea. She had an occasional "warm feeling" but no other symptom of the menopause. Dyspnea had been noted on exertion, with occasional slight edema of the ankles and mild nocturia.

Physical examination at admission revealed a well-developed and well-nourished individual whose systolic blood pressure was 220 mm. and diastolic pressure 120 mm. of mercury. Three days later a recheck revealed a pressure of 206 mm. systolic and 110 mm. diastolic. Ophthalmoscopic examination showed early sclerosis of the retinal arteries but no edema of the discs, exudates or hemorrhages. The lungs were entirely clear, while the heart was slightly enlarged. The rhythm was regular except for a rare premature beat. The mitral first sound was split and the aortic second sound moderately accentuated. The remainder of the physical examination, including the pelvis, was not significant.

Routine urinalysis and blood counts gave normal findings. The level of the blood urea was 45 mg. per 100 cc. and the urea clearance test gave an average of 63 per cent. A roentgenogram of the chest showed

nothing abnormal. The electrocardiogram showed a moderate degree of left axis deviation.

Although the patient had a definite essential hypertension, the character of the headaches strongly suggested that they were due to allergy; therefore complete studies for the determination of allergens were made. These revealed positive skin reactions to a number of foods, notably wheat, milk, eggs, beans, and several other less important foods as well as to several inhalants such as dust, feathers, and orris root.

The patient was instructed regarding a strict regimen for the elimination of inhalants and foods, avoiding all the significant food allergens. Additional calcium and vitamins were prescribed in view of the limited diet. Restricted activity, extra rest, and a mild sedative were advised because of the hypertension.

Seven weeks following the institution of this regimen the patient reported no further headaches. Six months after treatment was begun she returned and reported that she felt much improved. During this interval she had had only four mild headaches, each of which could be traced to a violation of diet, chiefly by the use of milk. There had been no attacks of diarrhea and the postnasal drip had become less troublesome. Although the blood pressure had improved it was still elevated, the systolic pressure varying from 182 to 192 mm. and the diastolic reading from 106 mm. to 112 mm. of mercury. Amenorrhea had been present for more than six months, she was nervous and irritable, and complained of occasional mild hot flashes. The urinary, blood, and electrocardiographic findings showed no significant change.

The final diagnosis was essential hypertension, migraine due to food allergy, and menopause.

SUMMARY

This case is an interesting problem of migraine due to food allergy, occurring in a patient with essential hypertension. Her headaches were well relieved, although there was only a slight decrease in blood pressure and the symptoms of the menopause became worse. Further presumptive evidence of allergy was furnished by the intermittent diarrhea which was relieved following treatment, and the postnasal mucoid drip which improved. A definite familial history of allergy was also present in this case.