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Background

Thunderclap headache (TCH) is a primary headache syndrome. Some cases may have specific provoking factors to precipitate an attack. Bathing is an unusual trigger of acute headache. Our group reported the first two cases of shower-induced headache in 1998.

Methods

We present our experience in bath-related headache (BRH) over the last 7 years and review all reported cases in the English literature.

Results

Fourteen patients with BRH had been described, with 6 cases from our centres. The others were from Taiwan (5 cases) and Japan (3 cases). All patients were East Asian women. The mean age of onset was 51 years (range, 32–67 years). The typical presentation was a uniphasic cluster of paroxysmal, excruciating headache recurrently triggered by activities involving contact with water, which included shower, soaking in hot bath, exposure to steam, tooth brushing, mouth rinsing, and micturition. The headache was of split-second onset that occurred almost instantaneously with every exposure to the stimuli during the cluster. Duration of an attack was from 30 minutes to 30 hours. No secondary cause of headache was identified. Reversible multi-segmental cerebral vasoconstriction, similar to that associated with idiopathic TCH, was found in three patients. BRH is a self-limiting condition; remission was the rule after 1 week to less than 3 months. Nimodipine may be useful to hasten remission. No relapse had been reported after the initial cluster.

Conclusion

BRH is a newly recognised primary headache syndrome that occurs exclusively in middle-aged or elderly Oriental women. Its clinical and radiological features are compatible with idiopathic TCH. Bathing or activities involving contact with water should be recognised as specific provoking factors of TCH.