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LETTER TO THE EDITOR

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Migraine; as a rare etiology of angioedema attacks

Mehmet Guney Senol[1], Ali Kutlu[2]

[1] *GATA Haydarpaşa Training Hospital, Department of Neurology, Istanbul, Turkey*
[2] *GATA Haydarpaşa Training Hospital, Department of Allergy and Clinical Immunology, Istanbul, Turkey*

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A 63 year-old female patient presented with a headache associated with severe swelling of the eyelids, especially those on the left eyelid (Figure 1). She had thalassemia minor, osteoporosis and migraine without aura (code ICHD 1.1) lasting for years. Her neurological examination was normal. She hasn't any visual problem. She didn't use any drugs of NSAIDS, ACE inhibitors or anti-migraine during the attacks.

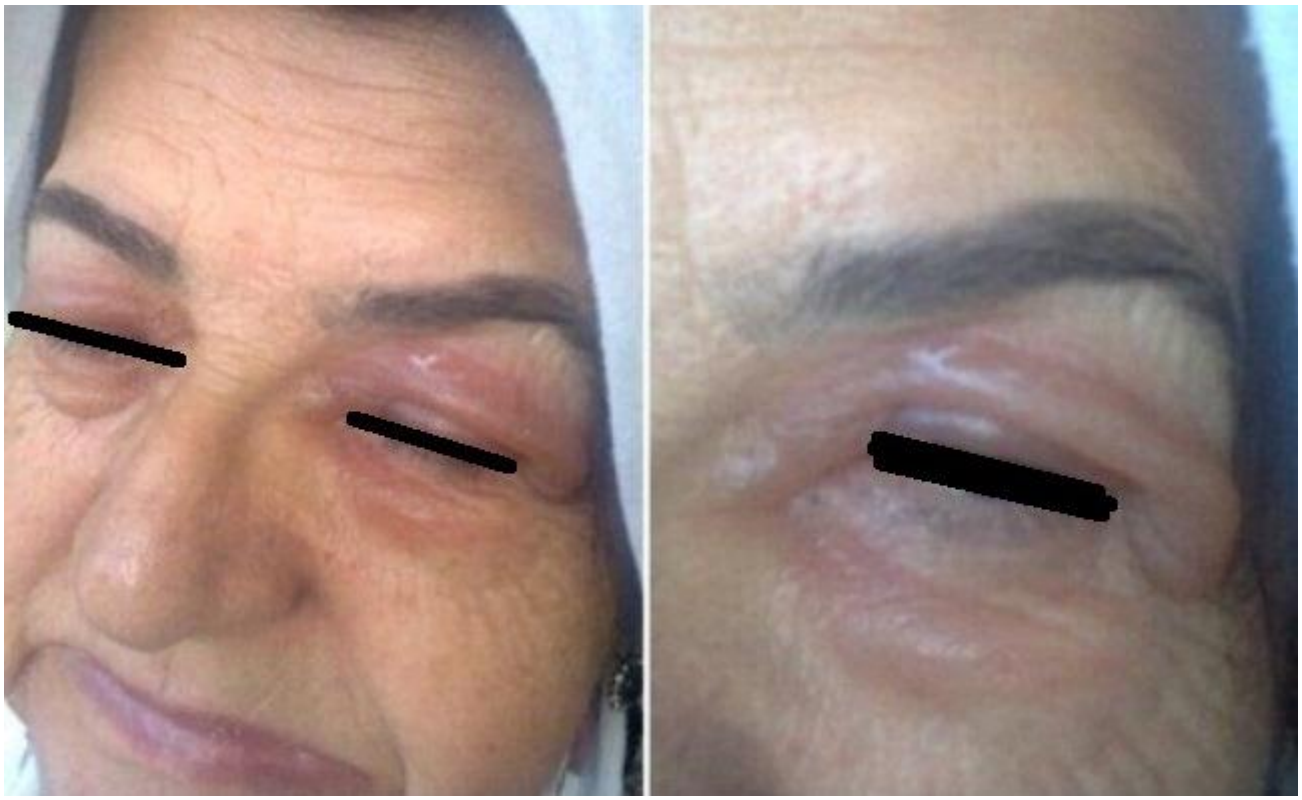

Figure 1. Patient's swelling and redness around the left eye were observed to be more pronounced.

Laboratory evaluations including complete blood count, liver/renal function tests, erythrocyte sedimentation rate, thyroid function tests, anti TPO antibody, C4, antinuclear antibody (ANA), rheumatoid factor and hepatitis markers were normal other than hypochromic microcytic anemia. Allergic skin tests for foods were negative. The

***Corresponding Author:** Mehmet Güney Şenol, GATA Haydarpaşa Training Hospital, Department of Neurology, Istanbul, Turkey
E-mail: mgsenol@yahoo.com

angioedema attacks started with headache lasting for 3-4 days repeatedly once in a three-week period for four month. She has pulsating hemicranial headaches but there were no history of aura, nausea or vomiting. There weren't ptosis, lacrimation or runny noise. However, the severity of pain increased during the time course.

There are some case reports showing association between migraine and urticaria or migraine-like episodes of headache and angioedema with a genetic defect in complement 1 inhibitor [1-4]. Systemic release of vasoactive substances like histamine, bradykinin, serotonin or nitric oxide and inflammatory neuropeptides could be common denominator in this clinical partnership.

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