

### **OP36.3**

#### **Headache and pregnancy - when the family doctor makes a difference**

Ana Marques(1), AM Falcão(2)

(1) Department of General Medicine and Family Medicine, UCSP São Mamede, Matosinhos, Portugal

(2) Department of General Medicine and Family, USF Calâmbrega, Porto, Portugal

*Corresponding author: Dr Ana Marques, ULS Matosinhos, UCSP São Mamede, Porto, Portugal. E-mail: dr.ana.marques@gmail.com*

**Background:** Headache is a prevalent symptom in the medical appointments of primary health care (PHC). However, it may have features that suggest a serious secondary headache. The family doctor (FD) should be aware when faced with a nonspecific symptom. FD's core competencies, should allow him, to manage uncertainty and to acknowledge various possibilities.

Case description: Female, 21 years old. Antecedents of aortic dissection background at the age of 9, without FD in health care center (HCC). On 1st September, at 12 weeks of gestation, she went to an emergency appointment because of holocranian headache, almost daily. Paracetamol was indicated on demand. Due to major cardiovascular antecedents and because the patient had no FD, she was sent to a hospital obstetric consultation. On 14th September she returned to an emergency appointment due to severe holocranian headache, pulsatile character with phonophobia, photophobia, osmophobia, without improvement with analgesics. The patient was forwarded to the hospital emergency, where she was observed by Neurology, which concluded that it was a migraine without aura. On 1st October, she had a pregnancy consultation at the hospital, mentioning severe headache and, again, was prescribed analgesics. On 7th October, she returned one more time to an emergency appointment because of persistence of the headache (17 weeks gestation). After a long period without improvement and after multiple consultations with different doctors, it was decided to telephone the emergency neurologist. At the hospital, angio magnetic resonance revealed left lateral sinus cerebral venous thrombosis. She was admitted to the intensive care unit and initiated therapy with enoxaparin.

**Conclusion:** The permanent care, the comprehensive and holistic model that characterizes family medicine are essential in the evaluation of these users and give the FD a clear advantage over other specialists. This case validates the importance of having a FD assigned to every single patient.