

## **PS1.241**

### **Ophthalmoplegic migraine oriented by primary care**

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**Background and Aim:** 31 year old female patient with a history of episodic migraine with visual aura accompanied by autonomic signs (redness, tearing and right eyelid edema) from the age of 22, suffering from crisis with a frequency of about 2-3 per month, especially in relation to menstruation. She came to our primary care clinic, because off a migraine headache without aura with 7 days of evolution and having no pain-free periods which it was refractory to standard treatment. When she came, the headache has gone, but she started with binocular double vision when she looked to the left.

**Method:** We proceed to perform the neurological examination of our patient, in which we are found a sixth cranial nerve paresis. The exploration of the rest of the cranial nerves were normal, and no other focal neurological signs were found. We decided to refer our patient to the emergency service. The patient improved clinically and hospital discharge occurred. Treatment consisted of corticosteroids and beta-blockers controlled by primary care.

**Results:** Our patient was attended in the emergency service and were admitted to the neurology department, where the patient is diagnosed of a ophthalmoplegic migraine (monoparesis of the VI craneal nerve) according to International Headache Society criteria.

**Conclusions:** An exhaustive neurological examination does not need many resources and gives us much information about the state of our patient directing a subsequent diagnosis. As primary care physicians, we are the first patient contact with the health system so it is our duty to be updated to guide correct and accurate assessment of the symptoms of our patients and act accordingly.