showed that combination therapies, particularly those including nerve blockades, were more effective.
Conclusion
In patients with whiplash injury-related headaches, exercise therapies combined with nerve blockades provided rapid and effective pain relief. These findings suggest that combining different treatment modalities may improve outcomes for these patients.

Keywords
Whiplash injury, nerve blockade, physical therapy, headache treatment

O24
Diagnostic features and treatment responses of post-craniotomy headache
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Introduction
Headaches can occur in patients following surgical craniotomy, typically beginning within 7 days post-operation and resolving within 3 months. While these headaches are often localized around the operation site, they can also be more diffuse. Both medical and physical therapy approaches are used in the treatment of post-craniotomy headaches.
Objective
This study aimed to evaluate the diagnostic features and treatment responses of post-craniotomy headaches.
Methods
Thirteen patients diagnosed with post-craniotomy headaches were included in the study. All patients were assessed for diagnostic features and treatment responses, and the data were recorded and analyzed.
Results
Of the 13 patients, six were male and seven were female. All patients developed headaches within 7 days post-operation. Five patients had undergone skull base surgery. Patients who did not receive treatment experienced longer-lasting headaches compared to those who received treatment. The combination of pharmacological treatment and nerve blockade was found to be the most effective treatment approach.
Conclusion
Post-craniotomy headaches are common in patients following craniectomy, with most headaches beginning in the first few days after surgery. Among the various treatment methods, the combination of pharmacological treatment and nerve blockade was identified as the most effective for managing these headaches.

Keywords
Post-craniotomy headache, nerve blockade, pharmacological treatment, skull base surgery

O25
Assessment of cutaneous allodynia and its relation to proinflammatory blood markers in migraine
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Background
Several studies have established a link between inflammatory cytokines and migraine. Cutaneous allodynia (CA) is considered a predictor of migraine severity. While various inflammatory mediators, such as interleukins and tumor necrosis factors, have been associated with migraine, no studies have specifically examined the relationship between cutaneous allodynia and these biomarkers.
Objective
This study aimed to evaluate the role of serum proinflammatory and hematological biomarkers in migraine patients and their association with cutaneous allodynia.
Method
A case-control study was conducted, including 30 migraine patients who were randomly recruited from the Neurology Department and outpatient clinic at Cairo University between June 2021 and January 2022. These patients were compared to 30 age- and sex-matched healthy controls.
Results
Among the patients, 86.7% had episodic migraine, while 13.3% (4 patients) had chronic migraine. The longest headache-free period was 6.03 ± 4.1 months (ranging from 1 to 12 months). Seventy percent of patients experienced cutaneous allodynia. Females with CA had more severe migraine attacks compared to those without CA ($p < 0.05$). Additionally, patients with CA had longer headache durations and higher headache frequency. Risk factors for CA included female sex and higher education level. A negative correlation was found between cutaneous allodynia and low levels of IL-1, neutrophils, platelet-to-lymphocyte ratio (PLR), and neutrophil-to-lymphocyte ratio (NLR).
Conclusion
Low IL-1, neutrophils, PLR, and NLR were associated with higher cutaneous allodynia in migraine patients. These findings highlight the potential role of inflammatory and hematological biomarkers in the pathophysiology of migraine and cutaneous allodynia.

Keywords
Cutaneous allodynia, migraine, cytokines, proinflammatory mediators, hematological biomarkers

O26
Chronic migraine and its under-recognized impact on driving
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Background
Approximately 2% of the world's population suffers from chronic migraine (CM). While much attention has been given to how CM reduces the quality of life, limiting work productivity, social engagement, and even basic daily tasks, surprisingly, little is known about how this condition impacts driving explicitly.
Objective
This study aims to investigate various aspects of CM patients' driving habits, including sensitivity to road conditions, headache triggers during driving, traffic accident rates, and the impact of migraine medications on driving ability.
Methods
A comprehensive systematic survey was conducted between May and July 2024, representing a national, multicenter, and cross-sectional research. We gathered data from both driving and nondriving migraine patients diagnosed according to the International Classification of

Headache Disorders-3 criteria using a structured questionnaire adapted from the "Driving Habit Questionnaire." This study questionnaire covered demographic features, clinical characteristics, motion sickness, driving habits, features of headache attacks during driving, sensitivity through driving conditions, accident ratios, and the headache impact test 6 (HIT-6). The included patients are divided into groups, as CM -/+, headache -/+, and driver/passenger and compared statistically.

Results

Out of the 2548 included patients, 468 were diagnosed with CM. 81.2% of the patients with CM were female, and their mean age was 38.01±11.37 years. 47% of these patients were actively driving. Among them, 3.2% had stopped driving; this rate was more common than in those with episodic migraine (EM) (1.2%) (p=0.002). Patients with CM experienced more frequent headaches while driving (69% in EM versus 78.7% in CM) (p=0.003). All patients with CM who experienced migraine attacks while driving experienced anxiety about having an accident and this was followed by other symptoms like restlessness (91.9%) and nervousness (76.2%). Patients with CM mostly used analgesics (58.6%) to cope with headaches while driving, followed by turning off the music (51.8%). The sensitivity of EM and CM patients to road conditions and the effect of these conditions on migraine attacks are shown in Figures 1 and 2. The HIT-6 score in patients with CM was 64.53±6.85, and headache had a higher severity compared to patients with EM (p<0.001).

Fig. 1 (Abstract O26). Distribution of sensitivity towards the indicated specific road conditions, in relation to presence or absence of headache during driving in patients with episodic versus chronic migraine (* shows the significant difference between patients with episodic and chronic migraine in case of headache)

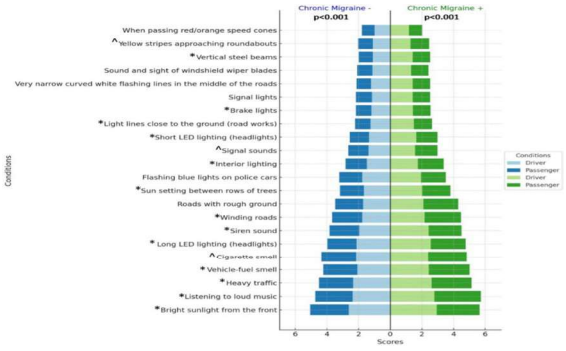
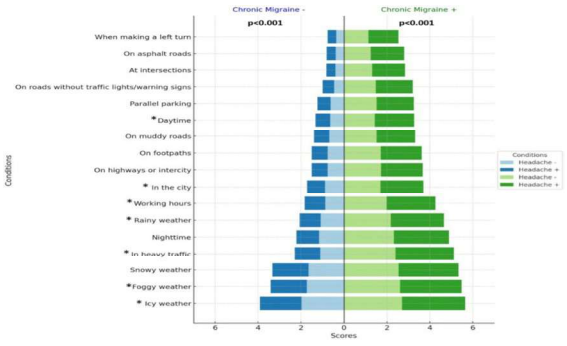


Fig. 2 (Abstract O26). Distribution of environmental headache triggers in traffic between patients with episodic and chronic migraine as drivers or passengers (* shows the significant difference between patients with episodic and chronic migraine in case of both drivers and passengers, ^ shows the significant difference between patients with episodic and chronic migraine as passengers.)



Conclusion

This study highlights the substantial and often overlooked impact of CM on driving ability. As expected, patients with CM experience a higher rate of headaches while driving. Moreover, they demonstrate increased sensitivity to road conditions and are more likely to cease driving altogether compared to individuals with episodic migraine. This study demonstrated that CM imposes a significant functional disability on driving, akin to its disabling effects in other aspects of daily life.

Keywords

Chronic migraine, driving, road condition, headache trigger, HIT-6, driver, passenger

O27

The effect of greater occipital nerve block on sexual function and quality of life

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Background

Chronic headaches have been shown to cause sexual dysfunction in patients; however, studies evaluating the effect of pain treatment on sexual dysfunction are limited. Greater occipital nerve (GON) block is an effective treatment for chronic headaches.

Objective

This study aimed to examine the effect of GON block on quality of life and sexual function in patients with chronic headaches.

Method

The study included 79 patients diagnosed with primary headaches, including chronic migraine, tension-type headache, and cervicogenic headache, who were treated with GON block between March 2023 and September 2024. The Visual Analogue Scale (VAS), Short Form 36 (SF-36), Beck Depression Inventory (BDI), Migraine Disability Rating Scale (MIDAS), and Female Sexual Function Index (FSFI) were administered before and two months after GON block treatment. Additionally, the number of monthly headache attacks and the amount of analgesics consumed per month were recorded.

Results

The mean age of the patients was 41.3 ± 11.2 years. Among the patients, 70.9% had migraines and 11.4% had tension-type headaches. Statistical analysis revealed significant improvements after GON block treatment, with reductions in VAS, MIDAS, BDI scores, headache days, and monthly analgesic use. In addition, improvements were observed in the FSFI domain of sexual desire and the SF-36 sub-parameter scores ($p < 0.001$ for each comparison).

Conclusion

This study demonstrates that GON block treatment positively affects sexual dysfunction and improves the quality of life in patients with chronic headaches. It is the first study conducted on this topic in our country.

Keywords

Headache, Greater occipital nerve block, sexual dysfunction, quality of life

O28

Pattern and adherence to prophylactic treatment in migraine: a multi-center study in Egypt

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Background

Prophylactic treatment plays a crucial role in reducing the frequency, severity, and duration of migraine attacks.

Objective

This cross-sectional study aimed to investigate the patterns of prophylactic treatment utilization and assess adherence levels to prescribed regimens among migraine patients in Egypt, representing the first study addressing this issue in the country.