RELATIONSHIP BETWEEN MIGRAINE AND CEREBRAL ISCHEMIA

Thesis

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Abstract

Several studies found a relation between migraine and cerebral ischaemia. The main task in our study is to evaluate the relationship between migraine and cerebral ischemia and also to detect migraineurs who are at risk of developing stroke: " patients were subjected to clinical neurological examination, laboratory including assessment of plasma serotonin level and °-Hydroxy Indole Acetic Acid (°-HIAA) in urine, evoked studies, Doppler studies, MRA and MRI. It was found that subjects with migraine who are at higher risk of developing future stroke: are those with periventricular white matter abnormalities in MRI, those with prolonged duration of aura and family history of migraine. Moreover, increased headache frequency is associated with haemodynamic significant stenosis in the carotid and vertrebrobasilar system that leads to cerebrovascular ischemia.

(Key Words: migraine, cerebral ischemia, serotonin)

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CONTENTS

List of abbreviations	l
List of tables	IV
List of figures	VI
Introduction	۲۲
Aim of the work	o
Review of literature	
Definition, classification and clinical pic	cture of Migraine ^V
Pathophysiology of Migraine	١٧
Relationship between migraine and strol	κe ۲ο
The role of serotonin in migraine and str	oke۳۱
Imaging biomarkers, Visual Evoked P	otential and Duplex ultrasound in
Migraine	£ 1
Subjects and methods	
Results	٥٦
Discussion	91
Summary and conclusion	٩٨
Recommendations	١٠٢
References	
Appendices	١٢٤
Arabic summary	

List of Abbreviations

o-HIAA: o-Hydroxy Indole Acetic Acid.

°HT: °-Hydroxy Tryptamine (serotonin).

°-HTP: °-Hydroxy L-Tryptophan.

ACAT-1: Acyl-coenzyme A: cholesterol acyltransferase-1.

AVM: Arteriovenous malformation.

BOLD: Blood oxygen level dependent imaging.

BPVC: Begnin paroxysmal vertigo of childhood.

CACNA'A: calcium channel A'A.

CAD: Cervical artery dissection.

CADASIL: Cerebral autosomal dominant arteriopathy with subcortical infarcts and leucoencephalopathy.

CGRP: calcitonin gene-related peptide.

CRP: C-reactive protein.

CSD: Cortical spreading depression.

DT-MRI: Diffusion tensor imaging (DT-MRI).

DWMLs: Deep White Matter Lesions.

FHM: Familial hemiplegic migraine.

FLAIR: Fluid-attenuated inversion recovery.

FMRI: functional magnetic resonance imaging.

IHS: International headache society.

IL-1: Interleukin-1.

IL-\ : Interleukin-\ · .

IL-7: Interleukin-7.

IL-^: Interleukin-^.

IMT: Intimal medial thickness.

LDL: Low-density lipoprotein.

LTC: leukotrine C:

MAO: Monoamine oxidase.

MCP-1: monocyte chemoattractant protein-1.

MELAS: Mitochondrial Encephalopathy, Lactic acidosis and Stroke like episodes.

MRA: Magnetic resonance angiography.

MRI: Magnetic resonance imaging.

mRNA: messenger Ribonucleic acid.

MRS: Magnetic resonance spectroscopy.

MS: Multiple Sclerosis.

MTI: Magnetization transfer imaging (MTI).

MTT: Mean transit time.

NMDA: N-methyl D-aspartate.

NO: Nitric oxide.

PAG: periaqueductal gray matter.

PET: Positron emission tomography.

PGIT: prostaglandin IT.

PR: Pattern reversal.

PWI: Perfusion weighted imaging.

PWMLs: Periventricular White Matter Lesions.

rCBF: Regional cerebral blood flow.

relCBV: Relative cerebral blood volume.

RF: Repetitive flash.

SCN\A: sodium channel \A.

SD: Standard Deviation.

SERT: Serotonin transporter.

SF: Single flash.

SPECT: Single photon emission tomography.

TCD: Transcranial Doppler.

TNF-α: tumor necrosis factor-alpha.

TPH: L-Tryptophano-monooxygenase tyrosine hydroxylase.

VBS:Vertebrobasilar system. VEP: Visual Evoked Potential.

VWF: Von willebrand factor.

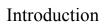
List of Tables Page
Table (1): shows the neuro-anatomical processing migraine head
pain
Table (7): shows mechanism of action of serotonin receptors ***********************************
Table (*): shows summary of characterized °-HT receptors, with selected
high affinity agonist and antagonist <u>ligands</u>
Table (٤): Age distribution of the study groups
Table (°): Sex distribution of the study groups
Table (7): Vascular risk factors, family history of migraine and
contraceptive use of the study group
Table (V): Type of aura of the study groups
Table (^): Duration of aura in the study groups
Table (٩): Frequency of the headache attacks of the study groups ٦٨
Table (' ·): Duration of the attacks of the study groups
Table (\\): VEP Results of the study groups
Table (\ \ \ \ \): Duplex results of the study groups
Table (\rangle \tau results of the study groups\rangle \rangle \tau \rangle \
Table (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Table (1°): plasma serotonin and urinary °HIAA level results of the study
groups ^{V £}
Table (17): Relation between headache phase frequency and Brain MRI
results of the study groups ^{٧٦}
Table (\frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\fin}}{\fint}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
the study groups
Table (\\^): shows relation between type of aura and site of infarctions
involving the territory of the anterior circulation in both groups ^{Y9}
Table (19): shows relation between the type of aura and the site of
infarctions involving the territory of the posterior circulation in groupII
Table (4): shows relation between headache phase frequency and MRA
results of the study groups
Table (۲): shows relation between Aura phase duration and MRA results
of the study groups
Table (^{YY}): shows relation between headache phase frequency and Duplex
results of the study groups
Table $({}^{r})$ shows relation between aura phase duration and Duplex results
of the study groups
Table (Y \(\xi\)): shows relation between headache phase frequency
and VEP results
Table (Yo) shows relation between aura phase duration and VEP
results
Table (۲٦): shows correlation between headache phase frequency and
plasma serotonin level&\(\frac{\xi}{\xi}\)-hour urinary \(\frac{\circ}{\xi}\)-HIAAof the study
groups
6 - r

Table (ΥV) : shows	correlation	between	aura phase	durati	on and	plasma	
serotonin level& ٢٤-	hour urinar	y °-HIAA	of the study	group	s ۸۶	٤	
Table (۲۸): shows r	elation bet	ween vasc	ular risk fac	tors a	nd the p	resence	
of ischemic changes	of the stud	y groups	• • • • • • • • • • • • • • • • • • • •	۸۵	>		
Table (۲۹): shows	relation be	tween ora	l contracept	ive pi	lls use a	and the	
presence of ischemic	e lesions in	both group	os (I& II)		۲۸		
Table $(^{r} \cdot) :$ shows	relation be	etween fan	nily history	of m	igraine a	and the	
presence of ischemic	e lesions in	both group	os (I&II)		۸۱	✓	
Table (٣١): shows	relation b	etween va	ascular risk	facto	rs and	plasma	
serotonin level&Y & hours urinary o-HIAA in both groups (I&II) AA							
Table (٣٢): shows re	elation bety	veen oral c	ontraceptive	e pills	use and	plasma	
serotonin level&	٤hours	urinary	°-HIAA	in	both	groups	
(I&II)		-				C I	
Table (۳۳): shows re						plasma	
serotonin level&				_			
(I&II)		•					

List of Figures

Page

Figure (1): shows the important elements involved in the pathophysiology
of migraine Y £
Figure (Y): shows chemical structure of serotonin
Figure (*): MRI Brain shows periventricular white matter abnormalities in
migrainous patient with aura ٦٢
Figure (٤): MRI Brain shows lacunar infarction in migrainous patient with aura
Figure (°): Sex distribution of the study groups
Figure (\(\gamma\): VEP Results of the study groups\(\gamma\).
Figure (\checkmark): Duplex results of the carotid system of the study groups. \checkmark \checkmark
Figure (^): Duplex results of the Vertebro Basilar System of the study groups
Figure (4): Abnormal MRI results of the study groups ^V
Figure ('a): plasma serotonin mean results of the study
groups
Figure (1.b): Urinary 75-hour o-HIAA mean results of the study
groups
Figure (\frac{1}{2}): Relation between headache phase frequency and Brain MRI
results of groupI
Figure (۱۲): Relation between headache phase frequency and Brain MRI results of groupII
Figure (\(\gamma\)) shows relation between aura phase duration and VEP results in
group I
Figure (15) shows relation between aura phase duration and VEP results in
group II
Figure (%): shows relation between vascular risk factors and plasma
serotonin Mean in groupI
Figure (17): shows relation between vascular risk factors and 15 hours
urinary °-HIAA Mean in groupI
armar j Time in Stoupi



Introduction

The association between migraine and stroke is a dilemma for neurologists. Migraine is associated with an increased stroke risk and is considered an independent risk factor for ischemic stroke (Agostoni et al., $^{7} \cdot \cdot \cdot \xi$).

Migraineurs with aura have a greater stroke risk than those without aura and these strokes are often in the distribution of the posterior circulation (Suchurkova et al., 1999).

Many studies raise the possibility that migraine is a risk factor for ischemic stroke in young women under $\xi \circ$ year of age with additional stroke risk factors such as cigarette smoking, which increases stroke risk ten times compared to controls, oral contraceptives pills use and anticardiolipin antibodies (Tzourio et al., 1990).

There is a causal relation ship between migraine and stroke at several levels. Possible causes of migraine induced stroke are decreased regional cerebral blood flow and oligaemia in large and small arteries combined with neurogenic inflammation or excessive neuronal activation during migraine attacks lead arterial could to or venous microembolism,thrombosis ischaemia, platelet or hyperactivity and elevation of von willebrand factor (VWF) (Stang et al., Y...).

Several studies reported an increased incidence of white matter lesions (WMLs) detected by MRI in patients with migraine even without concomitant cerebrovascular risk factors (Fazekas, 1997).MRA could be used for detection of several intracranial vascular anomalies, which have been described in association of migraine. Such abnormalities include moyamoya disease, CADASIL, arteriovenous malformation (AVM), cavernous angioma and aneurysm (Koen et al., 7000).

Moreover, certain neurophysiological studies are considered in migraine. Visual evoked potential is used to demonstrate subtle neuronal damage within the visual system of migraine patients reflecting repeated transient ischemia (Kennard et al., 19AV).

These changes in the form of prolonged pl·· latency in migraine cases especially those with aura (Nofal et al., Y···). Evaluating the efficiency of vascular tree in head and neck by Duplex–Doppler study is considered to support the hypothesis of vascular disease as a primary underlying deficit in migraine (Andreas et al., 199.)

Recent evidence has shown that °-HT is closely related migraine pathophysiology (Yoshiyuki et al., ۲۰۰۷).

Serotonin, a potent vasoconstrictor in the large cerebral arteries is considered to be involved in the regulation of the cerebral circulation and to be implicated in the etiology of cerebrovascular disorders such as migraine and ischemic brain disease (Yoshiyuki et al., Y··V).

Aim of the Work

Aim of the Work

To detect the relationship between classic migraine and cerebrovascular ischemia by different tools.

Identification of migraineurs who are at risk of developing future stroke is another goal of this study