




The first-step in managing pediatric headaches is to identify whether it is the emergence of a **Primary Headache** disorder (ex. migraine, cluster, or tension-type headaches) versus a **Secondary Headache**  caused by an identifiable underlying condition. The SNOOP4 mnemonic is a helpful framework for recognizing important secondary causes of headache.

	QUESTIONS?	SECONDARY CAUSES
Systemic	Fever, night sweats, myalgias, weight loss, chills	Infection, immunocompromise, malignancy
Neurological	Focal or global neurologic deficits: behaviour change, diplopia, visual disturbance, pulsatile tinnitus, seizure, gait disturbance	Neoplastic, inflammatory, infectious, vascular CNS disease
Onset, sudden	Thunderclap headache: How quickly did your pain go from 1/10 to 10/10?	Vascular crises: Stroke, subarachnoid hemorrhage, cerebral venous sinus thrombosis
Onset age <5	While primary headache disorders can present before age 5, new headache under this age is more often secondary in etiology	Neoplastic, inflammatory, infectious CNS disease
Pattern Change Progressive Headache	Worsening headache with loss of headache-free periods	Any secondary cause
Precipitated by the Valsalva maneuver	Requires imaging to rule out a secondary cause	Chiari malformation, structural obstruction of cerebrospinal fluid flow
Postural Aggravation	Worse standing up	Intracranial hypotension (CSF leak)
	Worse lying down	Intracranial hypertension
Papilledema	Visual disturbance, diplopia, field defects	Increased intracranial pressure (ICP)

IMPORTANT: If your patient has any **red flag** symptoms, urgent investigations must be performed to rule out a **secondary cause for headache**.



NEXT STEPS

Imaging: Order **CT imaging** if you suspect acute hemorrhage or a rapidly enlarging space-occupying lesion. Otherwise, MRI is usually preferred in pediatrics for non-acute situations.

Referral: **Urgent referral to pediatric neurology** for guidance on further work-up.

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