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MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

SUNCT and SUNA

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

SUNCT (short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing) and its close relative SUNA are rare headache disorders causing bursts of very severe, stabbing pain around one eye lasting seconds to a few minutes, recurring up to hundreds of times a day, with prominent red, tearing eye and nasal symptoms on the same side.

How does it happen?

These are trigeminal autonomic cephalalgias — disorders of the trigeminal-autonomic reflex in the brain, sometimes associated with a blood vessel pressing on the trigeminal nerve (like trigeminal neuralgia) or pituitary abnormalities, which is why MRI with pituitary views is recommended. Usually no cause is found.

Common symptoms

- Severe stabbing or electric pain in/around one eye or temple
- Attacks lasting 1 second to 10 minutes, recurring many times (up to hundreds) daily
- Red, tearing eye, droopy eyelid, or runny nose strictly on the pain side
- Attacks triggerable by touching the face, chewing, or neck movement
- Bouts of high-frequency attacks alternating with quieter periods

How is it diagnosed?

Diagnosis is clinical from the distinctive short, frequent, autonomic-laden attacks. MRI of the brain with pituitary protocol excludes secondary causes. An indomethacin trial (which relieves the related hemicrania continua but not SUNCT) helps distinguish look-alikes.

How is it treated?

SUNCT/SUNA respond poorly to standard migraine drugs, but effective strategies exist: lamotrigine is the usual first choice, with gabapentin, topiramate, and carbamazepine as alternatives. During severe bouts, intravenous lidocaine in hospital can break the cycle. Greater occipital nerve blocks help some patients. For refractory cases with vessel-nerve contact, microvascular decompression is considered.

What does the future hold?

The condition is often chronic but fluctuates, and most patients gain meaningful control with the right anticonvulsant. Because it is rare and frequently misdiagnosed (as migraine, cluster, or dental disease), seeing a headache specialist changes outcomes.

Questions patients commonly ask

Q: Is this a form of trigeminal neuralgia?

A: They are close cousins — same nerve territory, similar jolts — but SUNCT/SUNA add prominent eye redness and tearing and differ in treatment response.

Q: Why do I need pituitary imaging?

A: A small number of cases are linked to pituitary abnormalities; the MRI is a one-time check that guides treatment.

Q: Will it ever stop?

A: Attacks often come in bouts; with preventive medication most people achieve long quiet stretches and functional lives.

National support groups & resources

- **National Headache Foundation** — headaches.org
- **American Migraine Foundation** — americanmigrainefoundation.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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