

Common migraine + aura. May have H/A with an occasional focal neurologic deficit(s) that resolve completely in ≤ 24 hrs.

Over half of the transient neurologic disturbances are visual and usually consist of positive phenomena (spark photopsia, stars, complex geometric patterns, fortification spectra) which may leave negative phenomena (scotoma, hemianopia, monocular or binocular visual loss...) in their wake. The second most common symptoms are somatosensory involving the hand and lower face. Less frequently, deficits may consist of aphasia, hemiparesis, or unilateral clumsiness. A slow march-like progression of the deficit is characteristic. The risk of stroke is probably increased in patients with migraine ¹⁾.

¹⁾

Welch KMA, Levine SR. Migraine-related stroke in the context of the International Headache Society Classification of head pain. Arch Neurol. 1990; 47: 458-462

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