Leiden Headache Center

Hoofdpijn
& visuele symptomen

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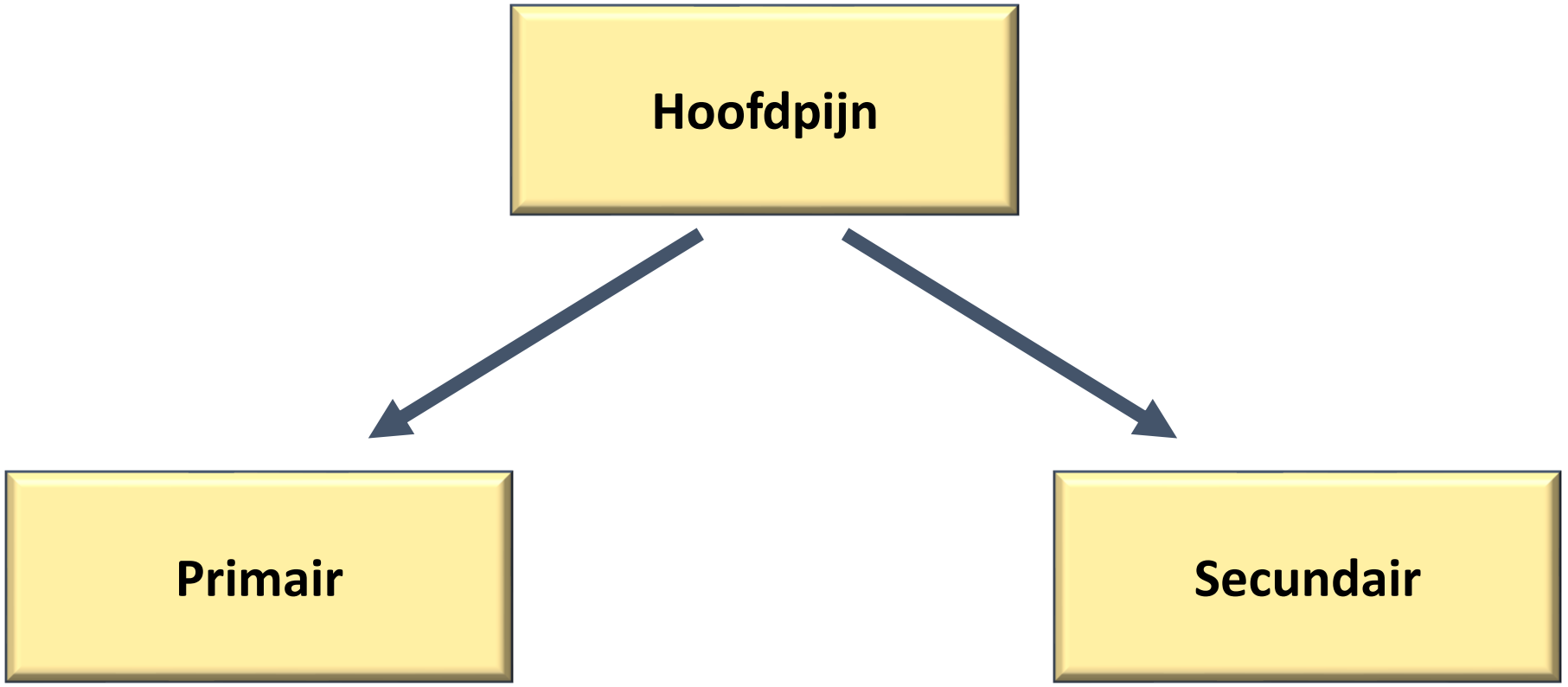
09 Okt 2026



Conflict of Interest

Potential COI	Organization
Grant support for research or education	Dutch Heart Foundation, Stichting Dioraphte, Clayco foundation, IRRF, European Commission
Author royalties	Up-To-Date
Consultant	Teva
International Headache Society	Chair Junior Group, member Women and Diversity group, member Memberschip committee, member Scientific and Research Committe

Hoofdpijn

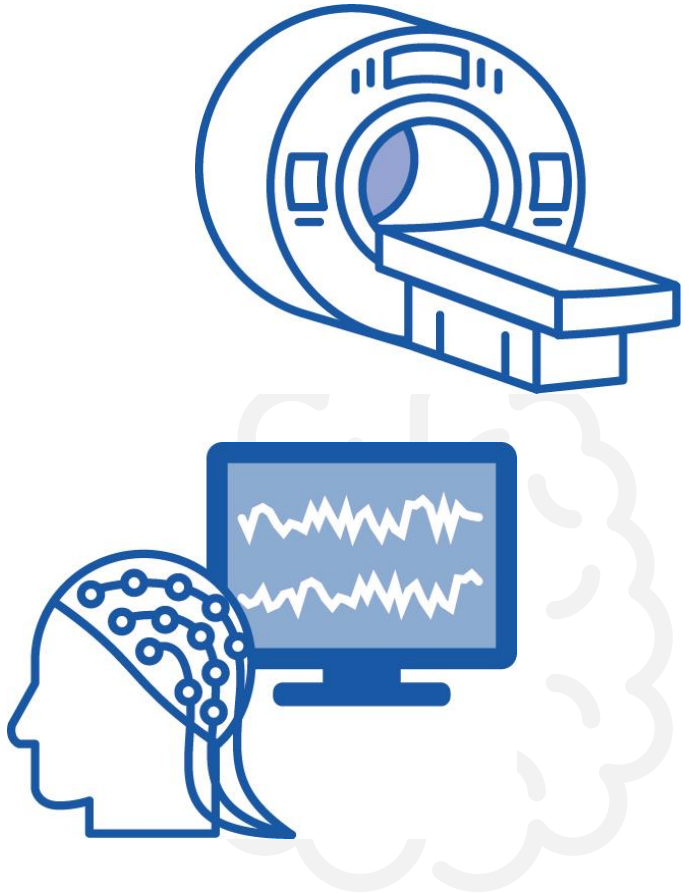


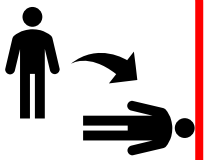
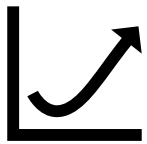
Patiënt met hoofdpijn en visuele klachten

- Bij twijfel…

- Verwijzen neurologie voor:
- MRI/MRA/MRV
- Op de SEH: CT/CTA/CTV/stroke protocol
- EEG

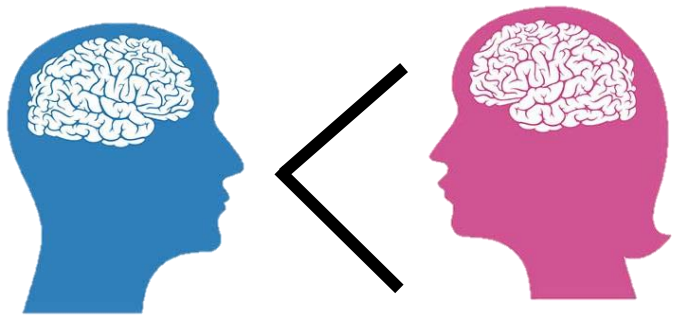
- Wanneer twijfelen?

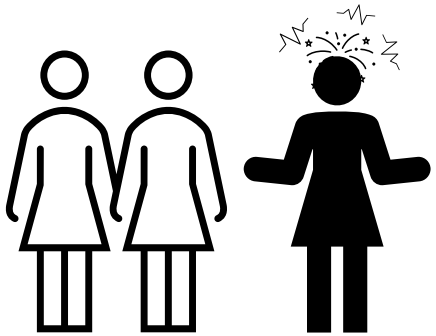


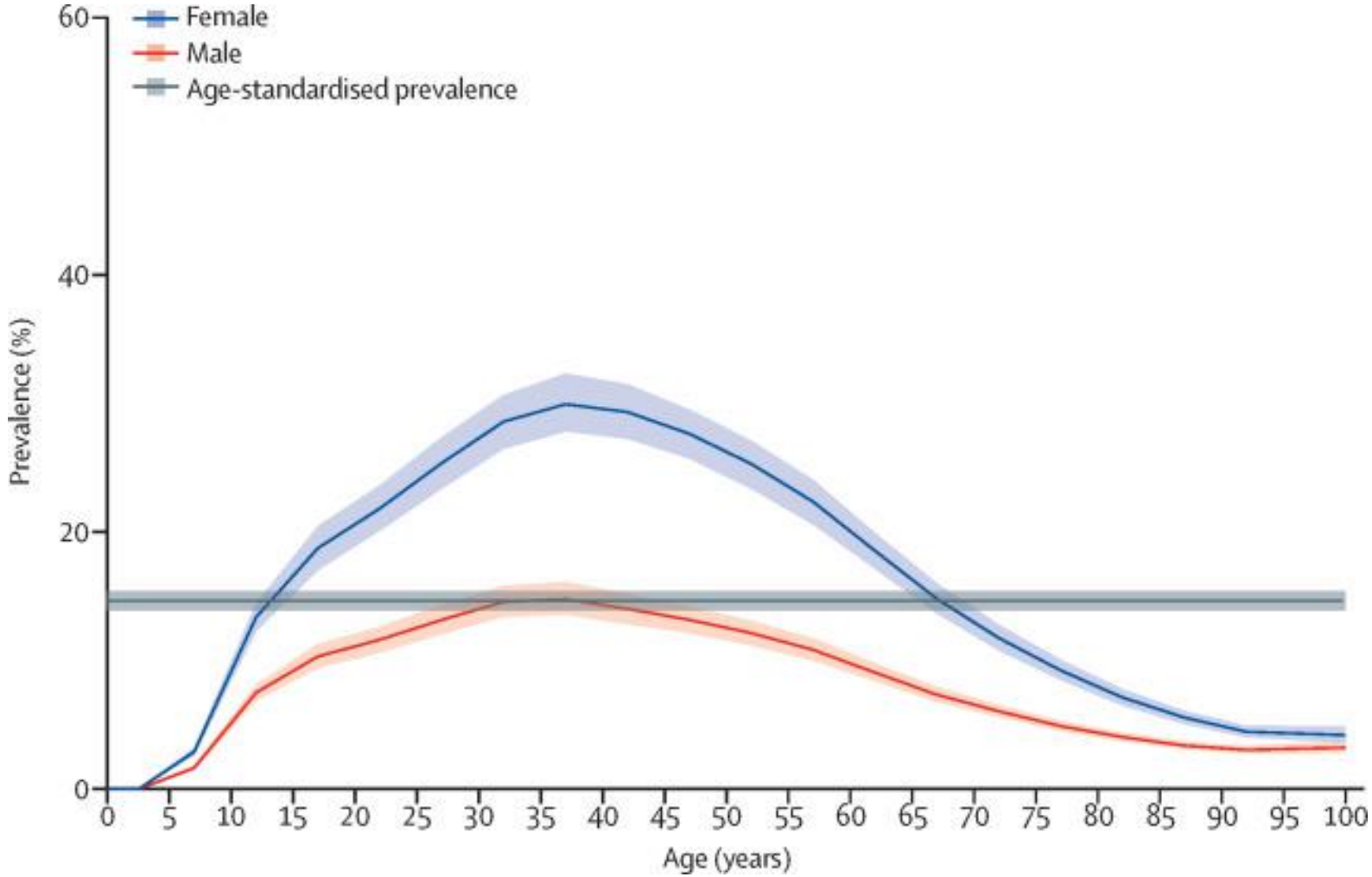
1. Systemische klachten, inclusief koorts 
2. Neoplasma in VG 
3. Neurologische afwijkingen of dysfunctie 
4. Abrupt begin 
5. Begin leeftijd >50 jaar 
6. Verandering patroon of recent ontstaan 
7. Positie afhankelijk 
8. Verergering bij niezen, hoesten, lichaamsbeweging 
9. Papil oedeem 
10. Progressief 
11. Zwangerschap of net postpartum 
12. Pijnlijk oog met autonome verschijnselen 
13. Post-traumatisch 
14. Pathologie van het immuunsysteem 
15. Overgebruik pijnstilling of nieuwe medicatie 

SNNOOP10 list, Phu Do et al 2019

Migraine

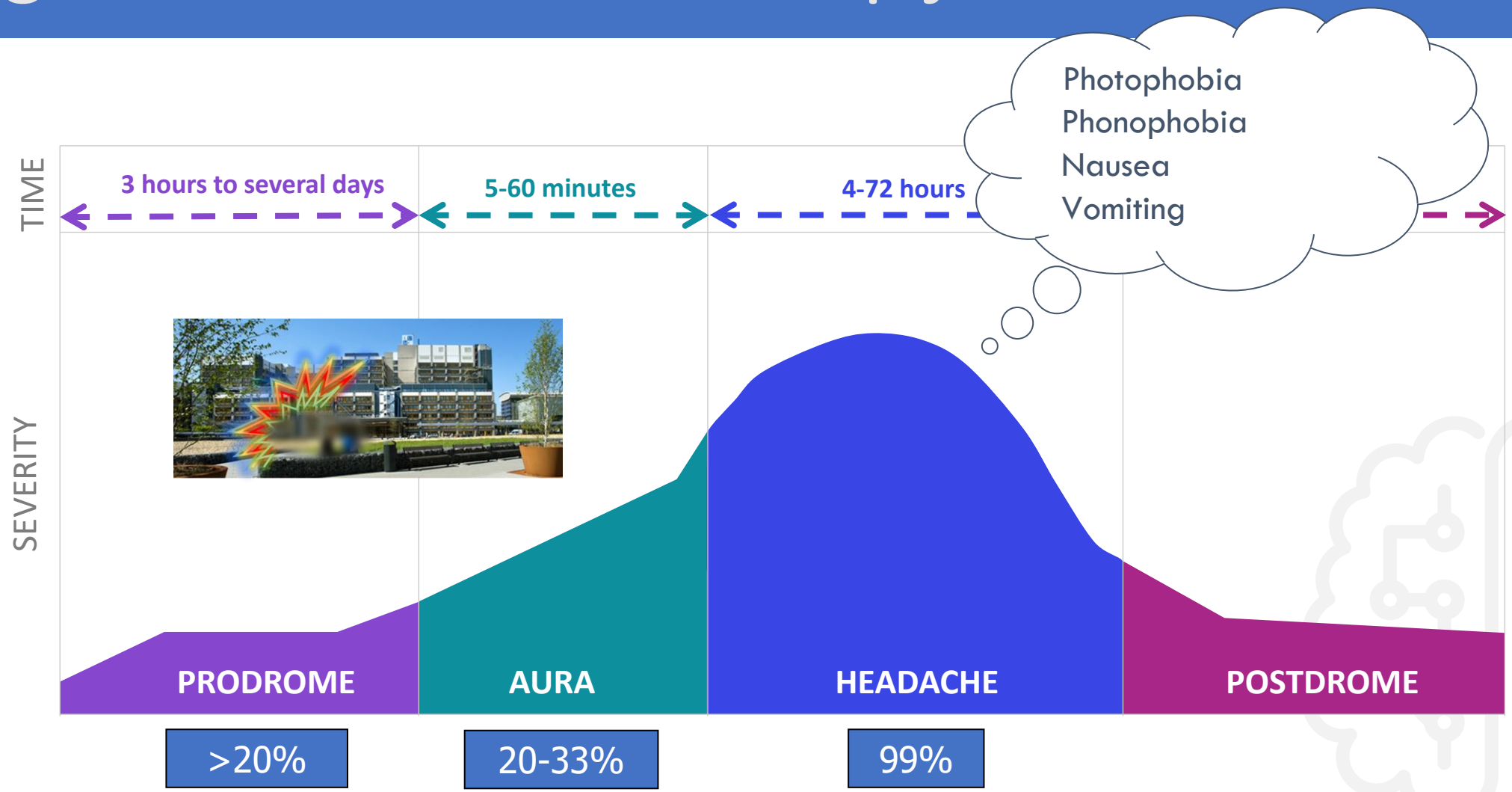






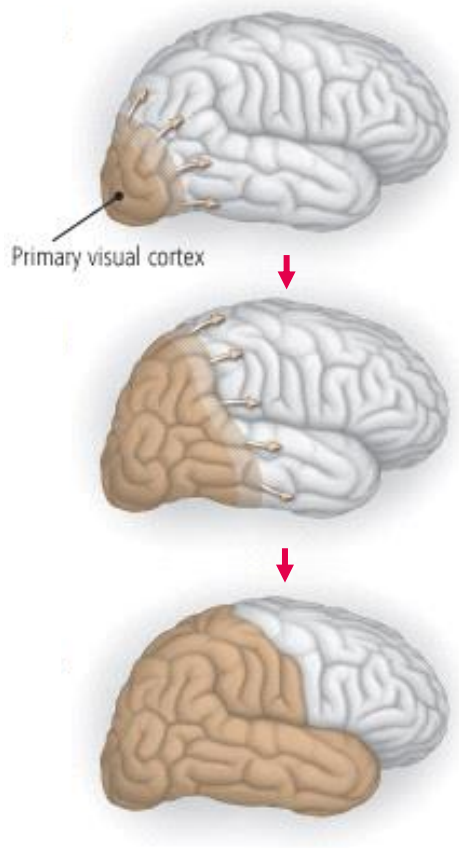
Ashina et al. Lancet (2021)

Migraine is meer dan hoofdpijn

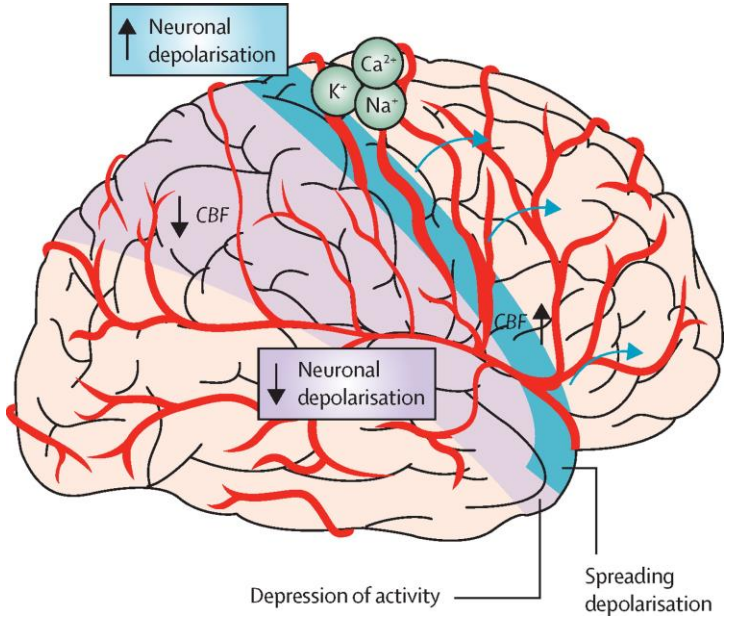


Aurafase : Cortical Spreading Depolarisation

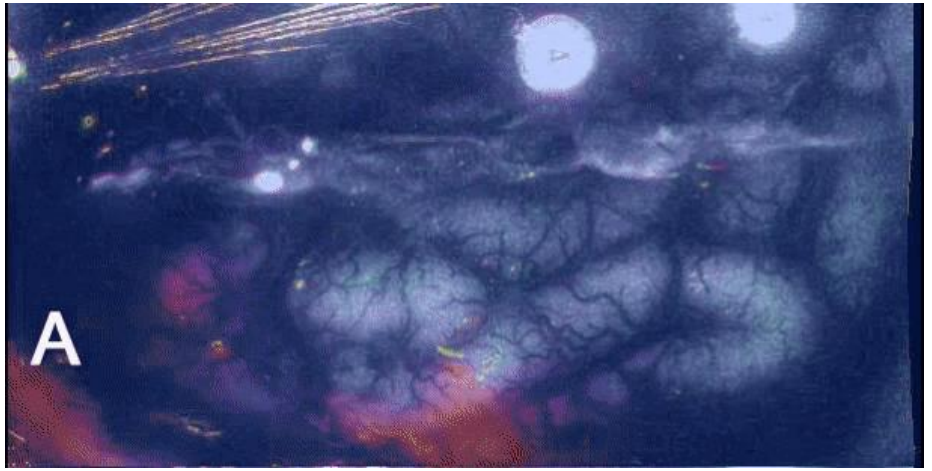
Cortical Spreading depolarisation (CSD)



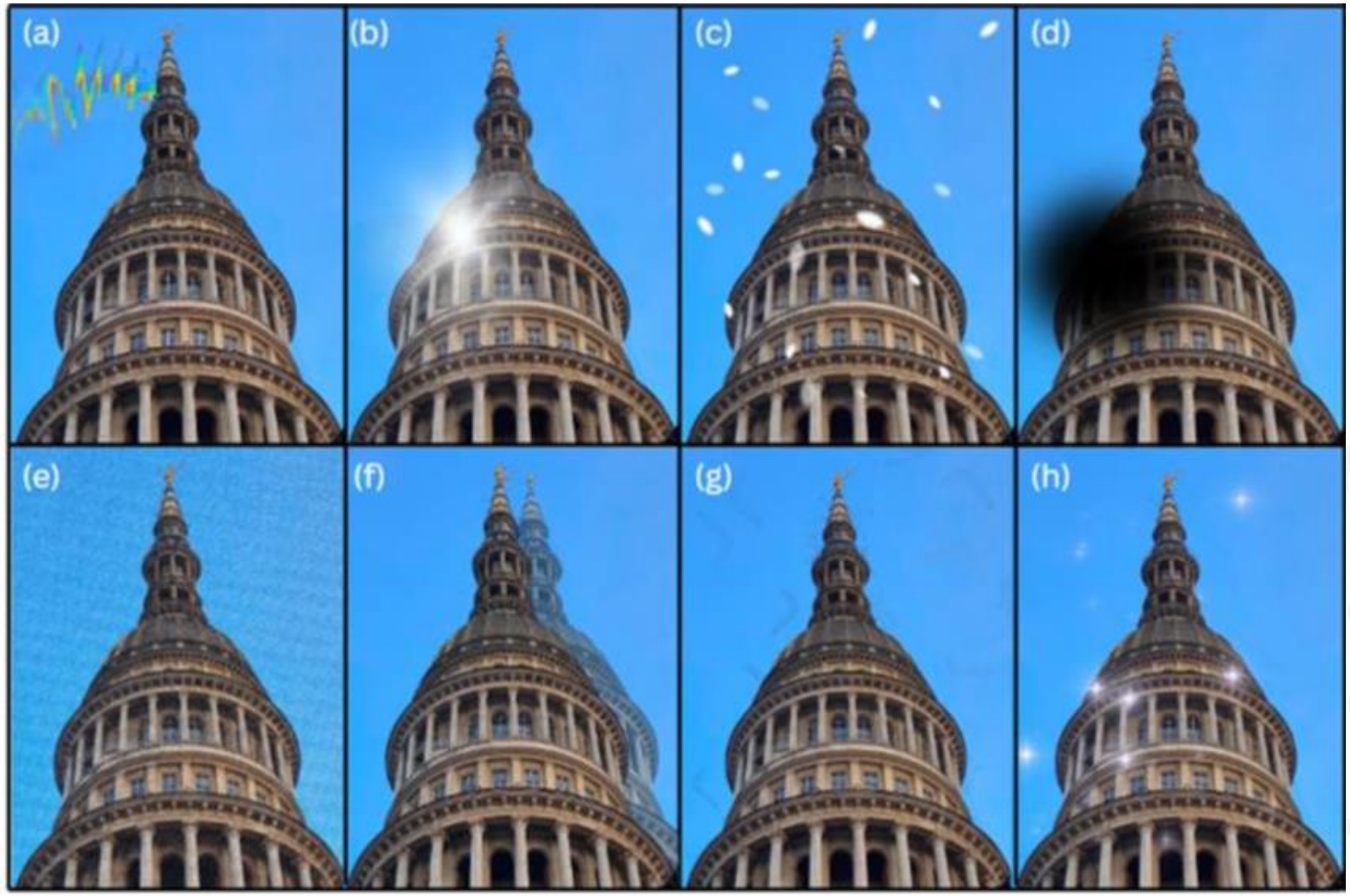
Spreading wave of neuronal and glial cell depolarisation



Hyperexcitability



Type of visual disturbances in migraine



Barral et al, 2023

Oogmigraine is niet de correcte terminologie

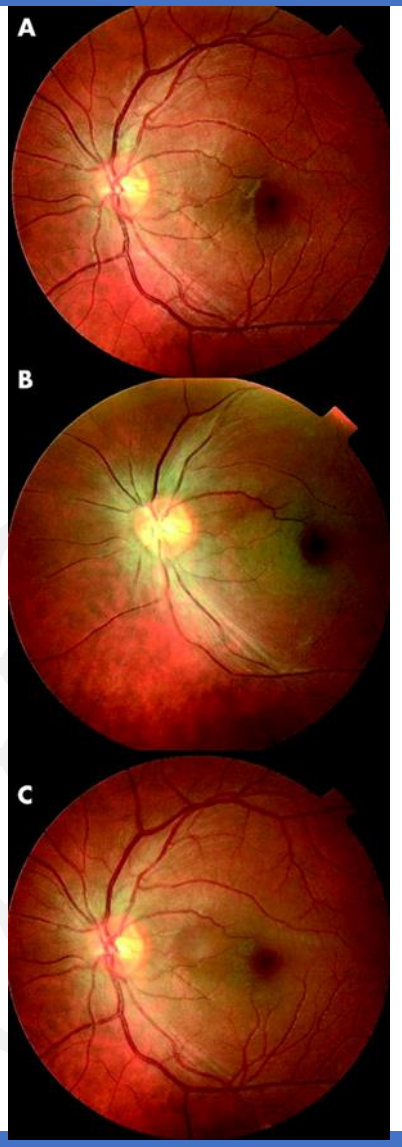
- Gebruik de term migraine met aura (met/zonder migraineuze hoofdpijn)
- Instrueer patiënten (monoculair versus binoculair)
- Breidt uit in minuten
- Positief fenomenen



Retinale migraine

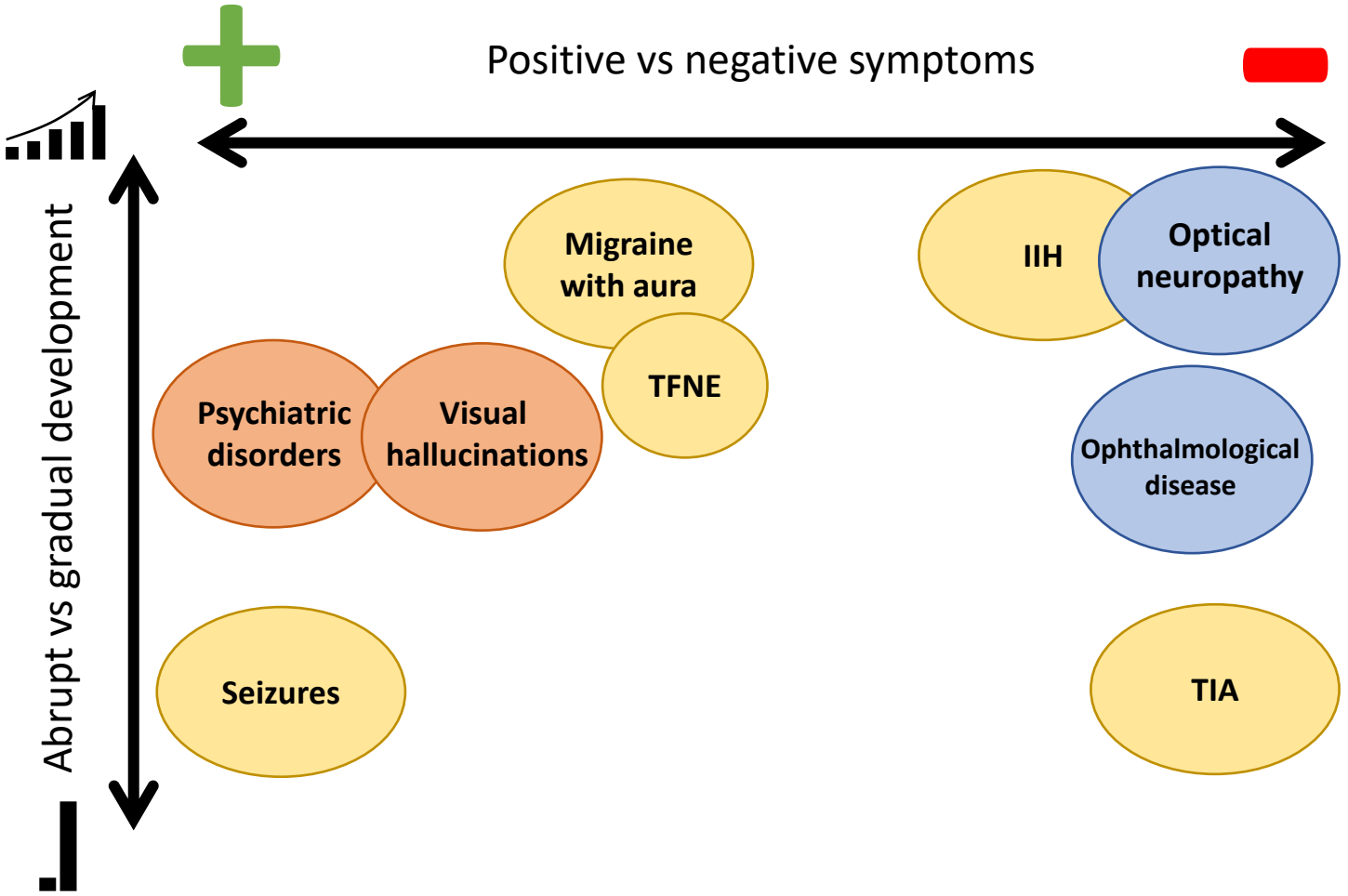
- Herhaalde aanvallen monoculair visuele verschijnselen, waaronder lichtflitsen, scotoom of gezichtsveldverlies
- Vasospasmes a. retinalis of ophthalmica
- Geassocieerd met systemische aandoeningen:
  - SLE
  - Antifosfolipide syndroom
  - Arteritis Temporalis (vooral bij ouderen)

Retinale migraine is meestal onschuldig en reversibel. Evaluatie is nodig, kan wijzen op vasculaire occlusieve aandoeningen en systemische aandoeningen



Doyle et al, 2004

Differentiaaldiagnose voorbijgaande visuele klachten



Barral et al, 2023; Smith et al, 2021

Visual Snow Syndroom

- Symptoom: visual snow

Diagnostic criteria
Dynamic, continuous, tiny dots across the entire visual field, persisting for >3 months
Additional visual symptoms of at least two of the following four types: - palinopsia - enhanced entoptic phenomena - photophobia - impaired night vision (nyctalopia)
Symptoms are not consistent with typical migraine visual aura

Mogelijke oorzaken visual snow

Ophthalmologic
Retinitis pigmentosa
Macular degeneration
Leber's hereditary optic neuropathy
Autoimmune/paraneoplastic retinopathy
Rod-cone dystrophy
Bilateral neuropathies of toxic origin

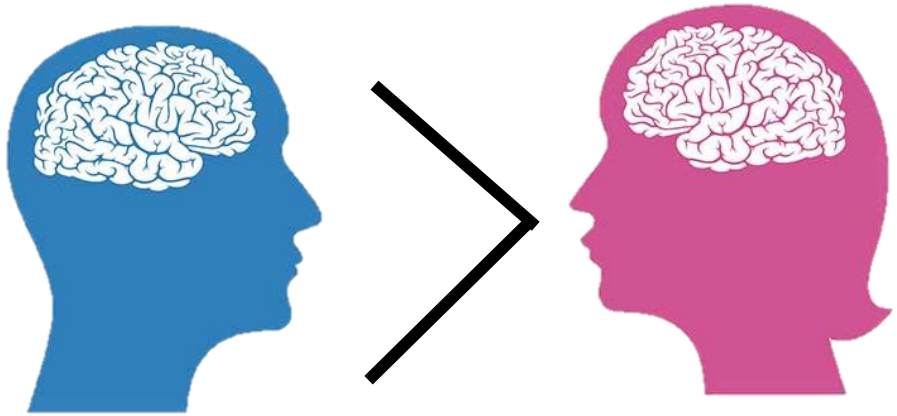
Neurologic
Idiopathic intracranial hypertension
Posterior visual pathway lesions (neoplasms, vascular, infection)
Multiple sclerosis
Neurodegenerative processes
Epilepsy
Glycine receptor antibody syndrome
Migraine

Recreational drugs
Hallucinogen persisting perception disorder

Adapted from Barral et al, 2023

Clusterhoofdpijn

1:1000

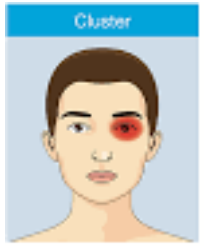


Trigeminale autonome cefalalgieën
= unilaterale hevige hoofdpijnaanvallen waarbij patiënten ook ipsilaterale craniële autonome verschijnselen ervaren.

Criteria Clusterhoofdpijn

Diagnostic criteria:

A. At least five attacks fulfilling criteria B–D
B. Severe or very severe unilateral orbital, supra-orbital and/or temporal pain lasting 15–180 minutes (when untreated)[1]
C. Either or both of the following:
   1. at least one of the following symptoms or signs, ipsilateral to the headache:
      a) conjunctival injection and/or lacrimation
      b) nasal congestion and/or rhinorrhoea
      c) eyelid oedema
      d) forehead and facial sweating
      e) miosis and/or ptosis
   2. a sense of restlessness or agitation
D. Occurring with a frequency between one every other day and eight per day[2]
E. Not better accounted for by another ICHD-3 diagnosis.

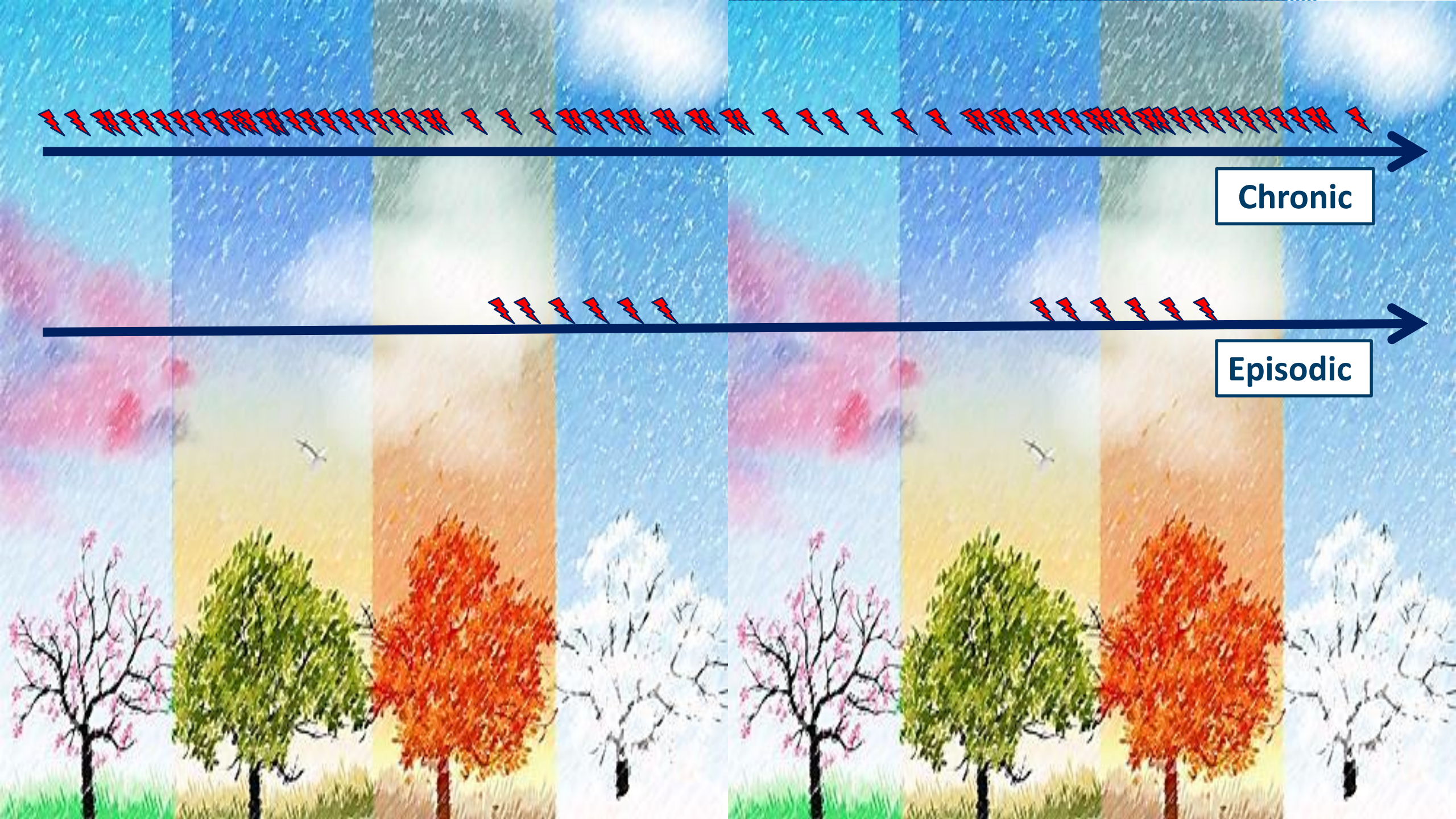






Mediaan vertraging diagnose:
> 5 jaar




Chronic
Episodic

Intracraniale hypertensie

- Medical conditions that may induce elevation of ICP

Idiopathic

Medication

Intracranial mass lesions

Subarachnoid hemorrhage

Infection middle ear or mastoid

Sinus vein thrombosis

Jugular vein compression

CNS infection

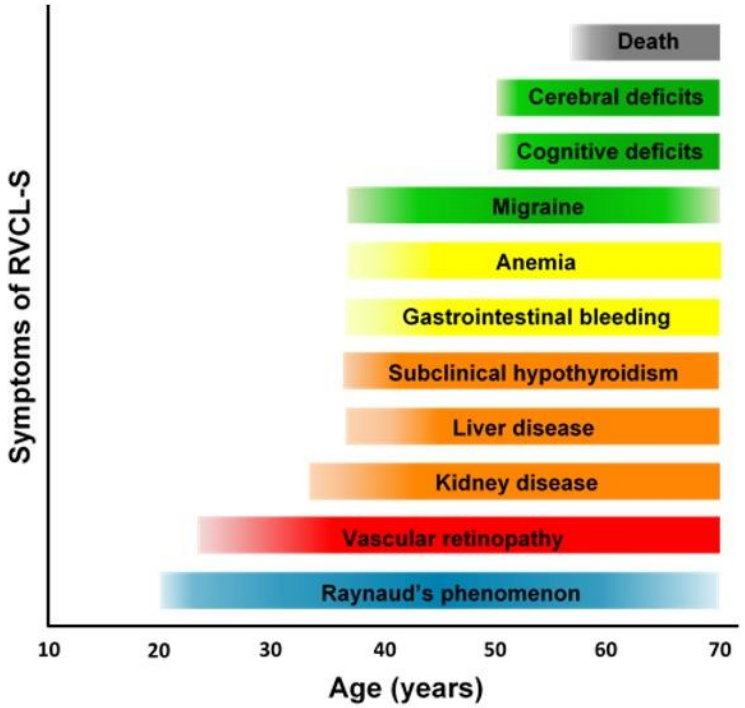
Meningeal carcinomatosis

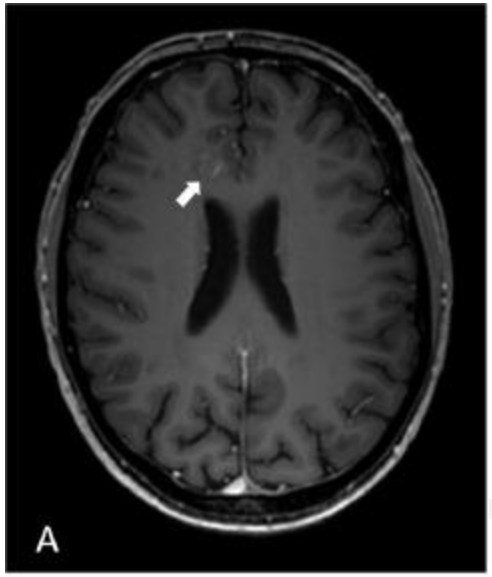
Hoffmann et al, 2018

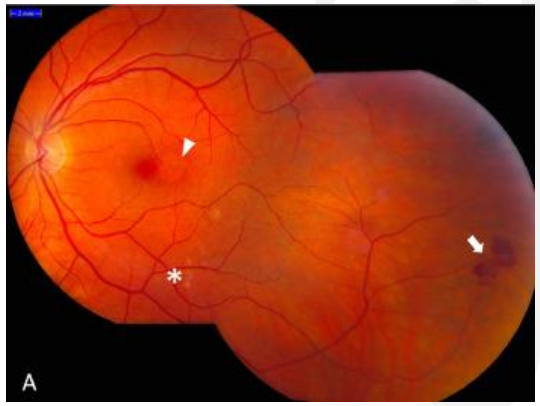
RVCL-S

Retinal Vasculopathy with Cerebral Leukoencephalopathy and Systemic manifestations

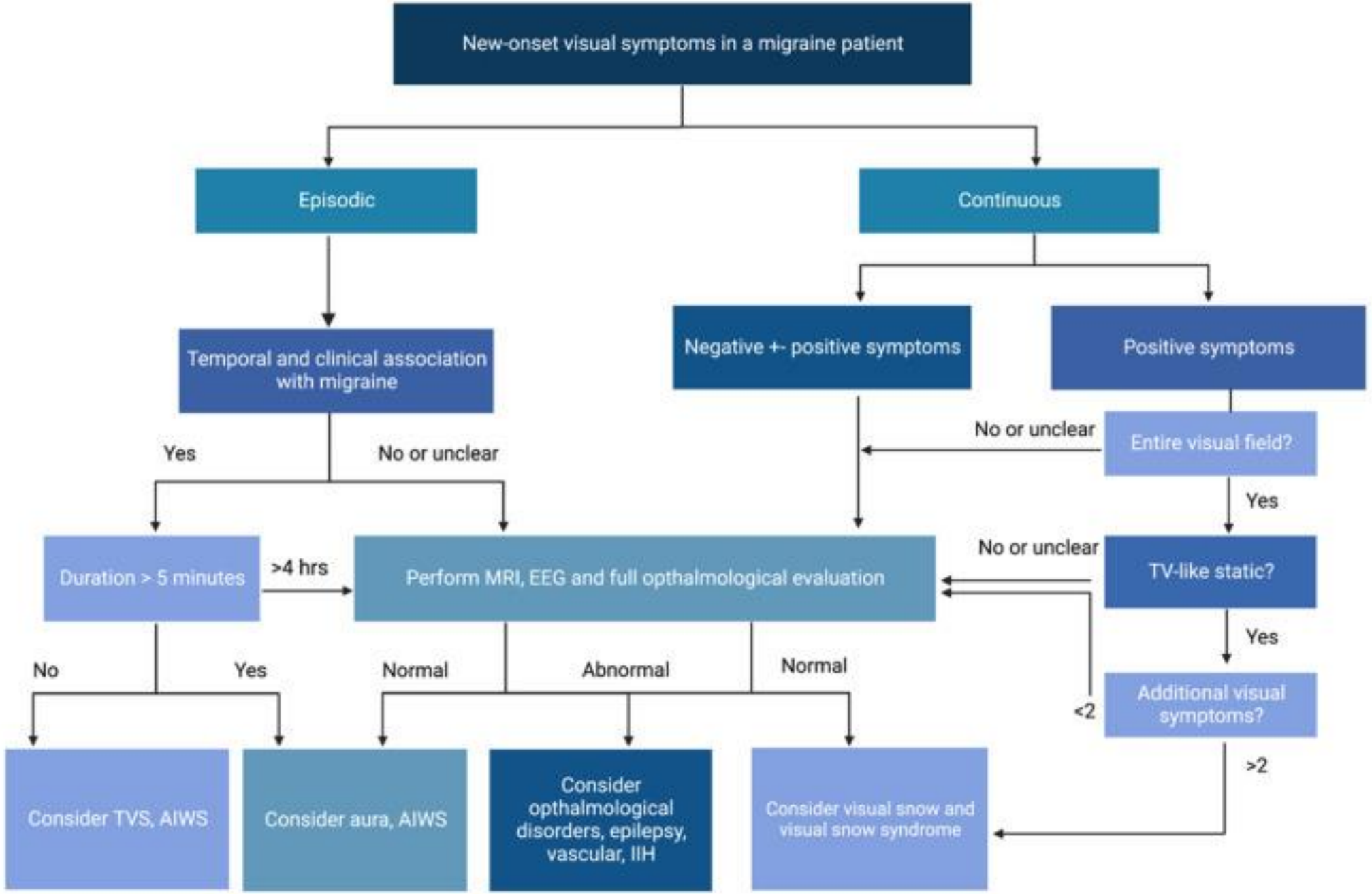
TREX1 mutation







de Boer et al. 2019; Wilms et al. 2022



Barral et al, 2023

Take to work messages

Visuele klachten en hoofdpijn, denk aan migraine, maar niet alleen aan migraine.

Oogmigraine bestaat niet.

Rode vlaggen in patiënten met hoofdpijn en visuele klachten zijn onder andere:
neurologische klachten, *papiloedeem*, progressief en abrupt ontstaan.

Bij twijfel, laagdrempelig overleg met neurologie.

Leiden University Medical Center

dioraphte

CACNA1A FOUNDATION

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