

## Editorial

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The autumn issue of the *Acta Neurologica Belgica* contains, a number of very interesting articles on headache. It opens with a critical review of the indication of botulinum toxine in the treatment of chronic headaches. Although randomized placebo-controlled trials in primary headaches have indicated convincingly that botulinum toxine is not efficacious in chronic tension-type headache or in episodic migraine without aura, data from the PREEMPT studies have shown a mild effect of botulinum toxine in patients with chronic migraines. At this stage, it seems wise, however, to restrict its use to specialized headache centres where it can be included in the multidisciplinary armamentarium recommended in chronic headache patients and where the indispensable supplementary studies on its target patient population, basic mechanisms of action and pharmaco-economic profile can be conducted.

The, clinically often difficult, differential diagnosis of acute headaches is illustrated by two articles in this issue. In a retrospective cross-sectional study including 41 individuals with cerebral venous thrombosis, *Sahraian et al.* review and discuss its clinical presentation, risk factors and prognosis. *Nardone et*

*al.* present a patient with severe sudden occipital headache as the presenting symptom of a spinal subdural hematoma. Early recognition of both entities is crucial to safeguard good outcome.

A case-report illustrating the recurrence of cluster headache shortly after the initiation of pramipexole as a treatment for restless legs syndrome strengthens the hypothesis of a probable modulating role of the dopaminergic system in the genesis or triggering of cluster headache.

For the clinicians amongst the readership, the neuro-images section contains once more some interesting illustrations of clinical neurology. The first report describes two patients with isolated partial third nerve palsy as a rare manifestation of neurocysticercosis. The second report highlights the occurrence of macroglossia in patients with Duchenne muscular dystrophy. The third report underlines the contribution of diffusion weighted imaging MRI in the differential diagnosis of a 4<sup>th</sup> ventricular mass.

An Jansen