

두통환자에 대한 방사선학적 검사의 진단적 가치*

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= Abstract =

The Role of Radiologic Study in Diagnostic Work-up of Headache Patients

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Objective : The goal of this study is to identify the significant radiologic abnormalities in patients complaining headache and to determine predictive factors for clinically significant radiological abnormalities.

Method : The study population was 410 patients having underwent CT or MRI study among 1000 patients complaining headache in outpatient basis between 1996 - 1999. All of these patients answered self-administered questionnaire about their headaches. We reviewed the patient's charts and the questionnaires and examined the radiologic study results.

Result : Of the 410 patients referred for CT or MRI study, male : female ratio was 1 : 1.97. Twenty-five patients (6.1%) revealed clinically significant organic lesions. Mean age was 46.1 in radiologic abnormal group and 48.4 in normal group. Short symptom duration ($p < 0.01$), motor weakness ($p < 0.05$), vomiting ($p < 0.05$), cranial nerve palsy ($p < 0.05$), and trauma history ($p < 0.05$) were factors indicated higher incidence of radiologic abnormality. But, patients age, and severity of headache were not associated with clinically significant radiologic lesion. The ratio of radiologic abnormality was 0.8% in patients not having any risk factor.

Conclusion : The results indicate that radiologic study should be done in headache patients having the risk factors such as short symptom duration, motor weakness, vomiting, cranial nerve palsy, trauma history. For patients without any such a risk factor, the radiologic study doesn't seem mandatory.

KEY WORDS : Headache · Radiologic abnormality · Risk factors.

서 론

가

가

가

가

¹⁾¹⁰⁾¹⁷⁾. Dumas ⁶⁾ Demaerel ⁴⁾

가

(cost effectiveness)

1999

가

가

가

1000

410

대상 및 방법

1. 두통 설문지 조사

1995 1 1 1998 12 31 4

(secondary gain)가

1000 (International Headache Society, IHC)¹⁴⁾

2. 두통 환자들의 방사선학적 검사

410 (272) (138) 가

(minor findings)

가 student - t test

결 과

1. 성별 및 연령 분포

1000 397 603 1 : 1.5 5 85 20 50 가 78.3%

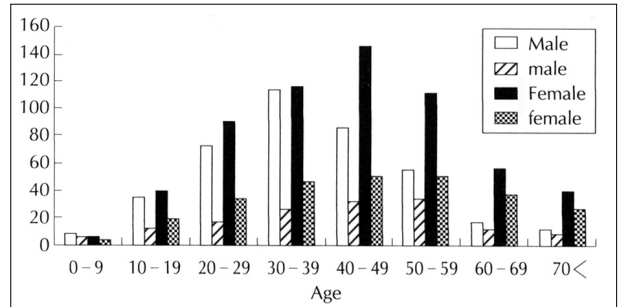


Fig. 1. Age and sex distribution(Male & Female : 1000 patients complaining headache in outpatients basis, male & female : 410 patients who underwent radiologic study among them).

30 , 40 (Fig. 1).

410 138 272 1 : 1.97 20 50 가 71.2% 40 50 가 (Fig. 1).

2. 두통의 분류

410 1000 361 (36.1%), 280 (28%), 8 (0.8%), 75 (7.5%), 96 (9.6%), 42 (4.2%), 6 (0.6%) 20 (2.0%), 가 45 (4.5%) , 가 67 (6.7%) (Fig. 2).

3. 두통을 주소로 내원한 환자들의 방사선학적 검사상 이상 소견

410 25 (6.1%) 6 , 가 2 , 가 2 , 6 , 2 , 1 (Schiz - encephaly), 1 (Table 1).

43

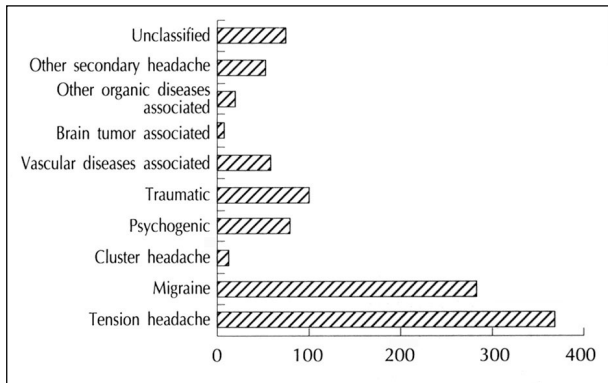


Fig. 2. Classification of 1000 headache patients.

Table 1. Clinically significant radiologic abnormality

Disease	Number of cases
Vascular disease	8
Intracerebral hemorrhage	1
Aneurysm(ruptured)	2
Aneurysm(unruptured)	2
Arterivenuous malformation	1
Venous malformation	1
ICA stenosis	1
Congenital anomaly	2
Schizencephaly	1
Arachnoid cyst	1
Hydrocephalus	1
Tumor	6
Astrocytoma	2
Central neurocytoma	1
Glioblastoma	1
Olfactory groove meningioma	1
Pituitary adenoma	1
Trauma	8
Acute SDH	1
Chronic SDH	4
Tentorial SDH	1
Acute EDH	2
Total	25

26, 8 Cavum septum ver-
gae 3, Empty sella syndrome 3,
2, 1.

4. 방사선학적 병변군과 정상군의 위험인자 비교

1) 성별 빈도 및 평균 연령

410
138 11 (8.0%), 272 14 (5.
1%) . 46.1, 48.4 (4.6%)

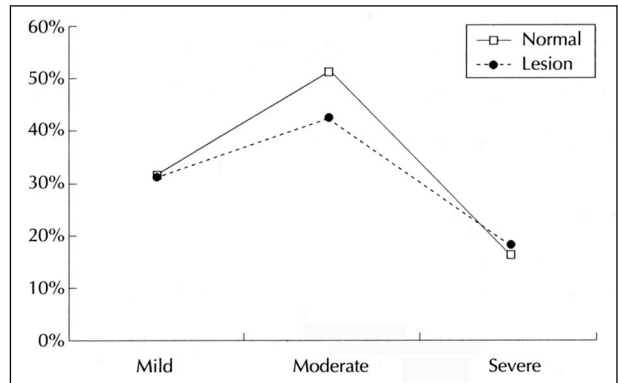


Fig. 3. Relationship between severity of headache and radiologic results. No significant correlation between severity of headache and radiologic abnormality is not seen statistically ($p > 0.05$).

($p > 0.05$).

2) 두통의 정도

(severity)

25 7 (31.8%),
가 11 (44%), 가 4 (18.1%),
385 가 126 (32.5%), 가 200
(51.5%), 가 62 (16%)

(Fig. 3)($p > 0.05$).

3) 두통의 평균 발현 기간

14.9
31.6
($p < 0.01$). , 25 10
가

4) 근력 저하

410
가 26 7 (27%)
가 384 18
(3.7%) 가
가 (Fig. 4)($p <$
0.05).

5) 구 토

가 41 8 (19.5%)
가 369 17
가

40 50 가

가

7)⁹⁾16) . Ferrari⁸⁾ De Vries⁵⁾ “ mi -

3. 두통의 분류

1994 Gobel¹¹⁾

4000 71. 53.6%가

4%가 , 38.5%가

7.8% 가

15)

22.6%, 20.6%

(nociceptive information)

37.5%

2. 두통 환자의 성별 및 연령 분포

9.5% 36.3%

28%

가

2)¹⁹⁾ 가 가 가

가

4. 두통 환자들의 방사선학적 검사소견

(pre -

menstrual phases) (menstrual phases)

가 가 가

. Weingarten²⁹⁾ 1

89

30) . Somerville²⁶⁾ , Dumas⁶⁾ 6

estrogen , De Lignieres³⁾ estradiole 402

estrogen 14 cavum septum vergae, (minor findings) (osteoma) 2

1 , 1 4 (1%) (general

population)

Mitchell¹⁷⁾ 350

7 (2%)

Baker¹⁾ 505

23 (4.6%)

103 (27%)

19) . Stewart²⁷⁾

35 45 가 가

90%가 50

46.1 0% 4.6%

410 25

가
 6.1% , 410
 45 (10.9%)
 17% , , , , 가
 (signal change)
 Dumas ⁶⁾
 가
 가
 Demaerel ⁴⁾

5. 방사선학적 병변군의 위험 인자

. Ortin
 Castano ¹⁸⁾ 299 410 239
 15 (5%) 2 (0.8%)
 1 266 3 (1%)
 12 (36%) 1 33
 1 4
 skreutz ¹²⁾ 100 410 1000
 3 (3%) 1)
 45 85 가
 가 1 . Rothrock ²⁰⁾ 가
 806 가
 61 60 가
 229 (28%) 가 806 가 0.8% 가
 가

결 론

. Harris ¹³⁾ Rothrock ²⁰⁾ • : 2000 5 29
 4가 11% • : 2000 11 24
 • : 135 - 740 1 171 - 1
 Rothrock ²³⁾ : (02) 3430 - 0645, : (02) 557 - 8207
 가 , 60 E - mail : cis@kangnamhosp.or.kr

Glasgow coma scale
 <14 19%가

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