

guidelines, neuroimaging would have been delayed or missed in 3%–7% of patients with brain tumors. Unvalidated guidelines to prevent neuroimaging in patients with headaches may reduce the perceived global economic burden at the expense of medical errors, delayed diagnoses and inferior outcomes for brain tumor patients. (Hawasli AH, Chicoine MR, Dacey RG Jr. Choosing wisely: A neurosurgical perspective on neuroimaging for headaches. *Neurosurgery* 2014 Sep 24. [Epub ahead of print]).

COMMENTARY. Headache in Children with Brain tumors.

Headache is the most common presenting symptom in children with brain tumors. In 139 children with brain tumor, a median of one symptom or sign was present at onset and six by diagnosis. Headache occurred in 55 (40%) children at onset and in 81 (58%) at diagnosis. Nausea and vomiting occurred in 39 (28%) at onset and 88 (63%) at diagnosis [2]. In a review of 200 cases to determine the presenting features of brain tumors, the commonest first presenting symptom was headache in 41%, followed by vomiting in 12% [3]. In a review of 55 children diagnosed with brain tumors, 19 (41%) of the tumors were supratentorial and 27 (59%) were infratentorial. Supratentorial tumors were associated with vomiting as the first symptom in 42%, seizures in 37% and headache in 31%. In children with infratentorial tumors, headache in 62% was the most common presenting symptom, followed by vomiting in 55% and ataxia in 48% of cases. The prediagnostic symptomatic interval had a median duration of 30 days with vomiting, 75 days with headache, and 75 days with ataxia. Diagnosis was often late in relation to the presenting symptom, especially headache [4].

References.

1. Loder E, et al. Headache. 2013 Nov-Dec;53(10):1651-9.
2. Wilne S, et al. Eur J Pediatr. 2012 Jan;171(1):87-93.
3. Wilne SH, et al. Arch Dis Child. 2006 Jun;91(6):502-6.
4. Klitbo DM, et al. Dan Med Bull. 2011 Jul;58(7):A4285.

PEDIATRIC MIGRAINE PRESCRIPTION PATTERNS

Investigators at Boston Children's Hospital determined the migraine prescription patterns in 4839 patients, ages 2 to 17 years, treated over a 4-year period. The most common medications prescribed at this large academic hospital were sumatriptan, amitriptyline, topiramate, ondansetron, and cyproheptadine. (Johnson A, Bickel J, Lebel A. Pediatric migraine prescription patterns at a large academic hospital. *Pediatr Neurol* 2014 Jul 1. [Epub ahead of print]).

COMMENTARY. Migraine prophylactic medication recommended in a General Practitioners Guideline is underutilized in the primary care setting in the Netherlands, and medications not listed in the guideline are preferred [1].

References.

1. De Coo IF, et al. Headache. 2014 Jun;54(6):1026-34.