



Greater Occipital Nerve Block in Migraine Prophylaxis

Migren Profilaksisinde Büyük Oksipital Sinir Blokajı

Levent Ertuğrul İnan¹, Nurten İnan²

¹Ministry of Health Ankara Training and Research Hospital, Ankara, Turkey

²Gazi University Faculty of Medicine, Department of Algology, Ankara, Turkey

Keywords: Greater occipital nerve block, migraine, headache

Anahtar Kelimeler: Büyük oksipital sinir blokajı, migren, baş ağrısı

Dear Editor,

Very informative review was published in Turk J Neurol in 2018 by Özge et al. (1) In the section of peripheral nerve blocks, greater occipital nerve (GON) blocks were discussed and finished with the comment, “The effectiveness of GON block in chronic migraine should be further investigated”.

As new results from recent literature have been published, we aimed to present these data to your readers.

Two meta-analyses about GON block in migraine were published and the researchers concluded that GON block was a valid treatment (2,3). After Inan et al. (4) published a randomized double-blind placebo controlled study, Cuadrado et al. (5) and Gul et al. (6) published randomized, double-blinded placebo-controlled studies, in which the two studies’ results were superior to placebo. It is our belief that Özge et al. (1) commented mistakenly by stating that “Cuadrado et al. (5) failed to demonstrate a similar effect” meaning that GON blocks were not effective (1). In fact, Cuadrado et al. (5) found effectiveness compared with placebo. Recently, a narrative review about GON block in migraine prophylaxis was published in Cephalalgia by Inan et al. (7). Up-to-date literature was presented and results were discussed in detail in this narrative review. Interested readers may find this narrative review useful. In this review, the results of seven randomized and seven open studies were summarized and blocking techniques, drugs and dosages, bilateral and unilateral injection, predictive factors, single or recurrent injection, and complications and adverse effects of GON

blocks were discussed. The key findings of this narrative review were as follows: GON block is widely used effectively in migraine treatment, and there is a need to standardize the application technique, dose, and frequency.

Ethics

Informed Consent: For this article informed consent is not necessary.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Data Collection or Processing: L.E.İ., N.İ., Analysis or Interpretation: L.E.İ., N.İ., Literature Search: L.E.İ., N.İ., Writing: L.E.İ., N.İ.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

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Address for Correspondence/Yazışma Adresi: Levent Ertuğrul İnan MD, Ministry of Health Ankara Training and Research Hospital, Ankara, Turkey

Phone: +90 312 595 35 91 E-mail: drleinan@yahoo.com ORCID: orcid.org/0000-0002-2441-0624

Received/Geliş Tarihi: 08.04.2019 **Accepted/Kabul Tarihi:** 31.07.2019

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Turkish Journal of Neurology published by Galenos Publishing House.

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