



## SUNCT/SUNA

The original description of this disorder was termed SUNCT, short-lasting unilateral neuralgiform attacks with conjunctival injection and tearing.

Conjunctival injection and tearing (lacrimation) are the most common autonomic symptoms in all the TACs

The terminology SUNA was proposed based on the fact that a number of patients were noted to lack one or both of these symptoms. The distinction remains within the ICHD classification. From a clinical perspective, management remains the same.

The distinction remains within the ICHD classification. BASH recommends this as a research tool and for current clinical purposes will adopt the terminology of SUNA to encompass both groups.

### **Epidemiology**

SUNCT/SUNA is rare.

The mean age of onset is 48 years with a slight male preponderance 1.5.



### **Clinical Features**

The attacks are the shortest and most frequent of all the TACs.

Attacks can be either spontaneous or induced by cutaneous triggers.

Mean duration is about one minute (range 1-600 seconds) with frequency up to 30 attacks in an hour.

The character of the attacks can vary: attacks can occur in single stabs, a group of stabs or a long attack with a 'saw-tooth' pattern of stabs between which the pain does not return to baseline.

Other features of TACs may be present, such as agitation. SUNCT/SUNA can be misdiagnosed as Trigeminal Neuralgia.

However, the location of the pain, autonomic features, duration of attacks and spontaneity of attacks in SUNCT/SUNA, differentiate between the two.



### **Management**

There are no RCTs for preventive treatment in SUNCT/SUNA.

### **Acute Treatment**

Because of the short attack duration there are no effective acute treatments in SUNCT/SUNA.

### **Preventive Treatment**

The most effective reported treatment is lamotrigine with dose range up to 400 mg. Topiramate may be effective in SUNCT. Carbamazepine and gabapentin may also be effective