

Technique in Frontal Migraine Surgery with Minimally Invasive and Endoscopic

Gianluigi Lago,

Plastic Surgery Unit, Department of Medicine and Surgery, University of Parma, Italy

Copyright: 2021 Lago G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Introduction/Statement of the Problem: Migraine Headache (MH) is a very common disorder affecting 1.7–4% of the world's adult population. The first line therapy for these patients is usually a combination of conservative treatments. Despite this large variety of options available, some patients remain refractory. For such group, migraine surgery might offer a definitive solution for their medical condition. In these patients, migraine is usually caused by extracranial nerve compression due vascular, fascial or muscular structures nearby. In patients suffering from frontal migraine nerve decompression can be achieved with selective myotomies of procerus, corrugator and depressor supercilii muscles. **Methodology & Theoretical Orientation:** From 2011, in our Plastic Surgery Unit at the University of Parma, Italy, we performed 69 frontal myotomies in patients suffering from frontal migraine. 64 were bilateral procedures and 5 were monolateral (3 right, 2 left). We carried out these surgical procedures with a minimally invasive, single-access, endoscopic technique. All patients have been hospitalized and discharged the day after the procedure. **Findings:** In patient treated with endoscopic frontal myotomies, positive results were observed in 94% of the patients (32% complete elimination, 62% partial improvement). 6% of the patients did not report any improvement of their condition. The most commonly observed adverse event was post-operative frontal edema. **Conclusion & Significance:** Frontal migraine is a common and debilitating condition that can be treated successfully with minimally invasive surgical procedures. Our single-access endoscopic technique provided satisfactory results with minimal post-operative recovery time for the patients.

Biography

Gianluigi Lago, MD, graduated from University of Padova (Italy). During medical school he developed interest in Plastic Surgery and before graduation he participated in several research projects, especially in the field of tissue bioengineering. After his graduation he moved to the USA, where he worked as research fellow at Brigham and Women's Hospital in Boston. Later he returned to his home country and started his residency program in Plastic and Reconstructive Surgery at the University of Parma, Italy. Dr. Gianluigi Lago also holds ECFMG Certification.

Recent Publications

1. Fabbrocini, G., Marasca, C., Ammad, S., Brazzini, B., Izzo, R., Donnarumma, M. and Monfrecola, G. (2016). Assessment of the Combined Efficacy of Needling and the Use of Silicone Gel in the Treatment of C-Section and Other Surgical Hypertrophic Scars and Keloids. *Advances in Skin & Wound Care*, 29(9), pp.408-411.
2. Busch, K., Bender, R., Walezko, N., Aziz, H., Altintas, M. and Aust, M. (2016). Combination of medical needling and non-cultured autologous skin cell transplantation (ReNovaCell) for repigmentation of hypopigmented burn scars. *Burns*, 42(7), pp.1556-1566.