## SELECTIVE GRAY MATTER ATROPHY IN THE PAIN-MATRIX NETWORK IN CLUSTER HEADACHE

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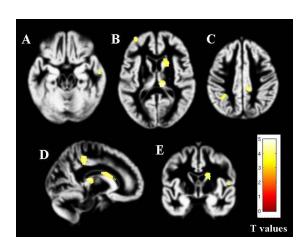
**Introduction.** Morphologic and functional imaging studies [1] have indicated that a primary hypothalamic dysfunction might have a role in the pathogenesis of cluster headache (CH), whereas a few neurophysiologic and metabolic studies have suggested a more global dysfunction of central modulation of peripheral stimuli in these patients [2].

**Objective.** Aim of this study is to assess the pattern of regional abnormalities in the white matter (WM) and gray matter (GM) in patients with CH, using tract-based spatial statistics (TBSS) and voxel-based morphometry (VBM).

**Methods.** Using a 3.0 Tesla scanner, dual-echo, diffusion tensor (DT) and 3D T1-weighted scan were acquired from 15 patients with chronic CH (10 with a right and 5 with a left lateralization of the cluster attacks), and 19 sex- and age-matched controls. TBSS analysis was performed using FMRIB's Diffusion Toolbox. From 3D T1-weighted images, VBM was performed using SPM8 and DARTEL. This latter analysis was performed with and without mirroring the hemispheres of 5 patients with a left lateralization of the attacks.

**Results.** No abnormalities of the brain WM were detected in patients with CH. Compared to controls, CH patients showed GM atrophy in the right (R) thalamus, head of the R caudate nucleus, bilateral (B) posterior cingulate cortex, B middle frontal gyrus, left (L) precuneus, R middle temporal gyrus and R precentral gyrus (p<0.001, cluster extent more than 10 voxels) [Figure 1]. Similar results were obtained after mirroring of the hemispheres in 5 patients. This latter analysis showed no volume abnormalities in the hypothalamus. MFG atrophy was significantly correlated with disease duration (r=-0.79, p<0.001).

**Figure 1.** Gray matter areas which were significantly atrophied in CH patients *vs.* healthy controls.



**Conclusions.** Similar to other chronic pain condition [3-6], CH patients have structural abnormalities in GM regions that are part of the antinociceptive system.

**References** 1) May A. et al., Lancet 1998; 2) May A. J Headache Pain 2006; 3) Schmidt-Wilcke T et al. Neurology 2005; 4) Schmidt-Wilcke T et al. Pain 2006; 5) Rodriguez-Raecke R et al. J Neurosci 2009; 6) Draganski B et al. Neuroimage 2006.