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Introduction: according to ICHD-3 criteria [1], Menstrual migraine is a cyclic subtype of migraine that occurs in close temporal relation to the menstrual cycle and it may be resistant to standard treatment regimen [2]. We report two clinical cases in which a fixed-dose combination of sumatriptan 85 mg and naproxen sodium 500 mg, administered once daily, was used as short-term prophylaxis.

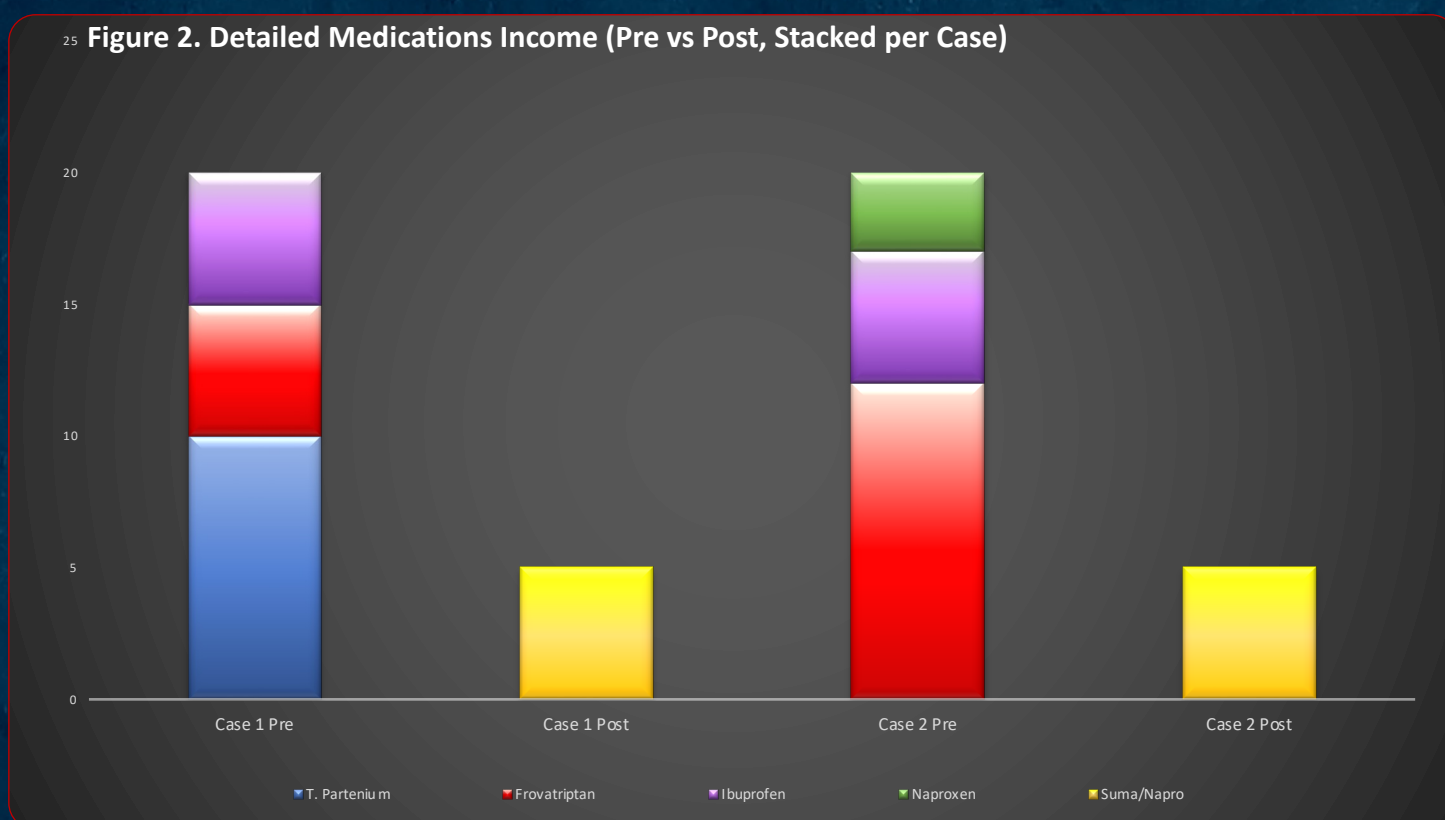
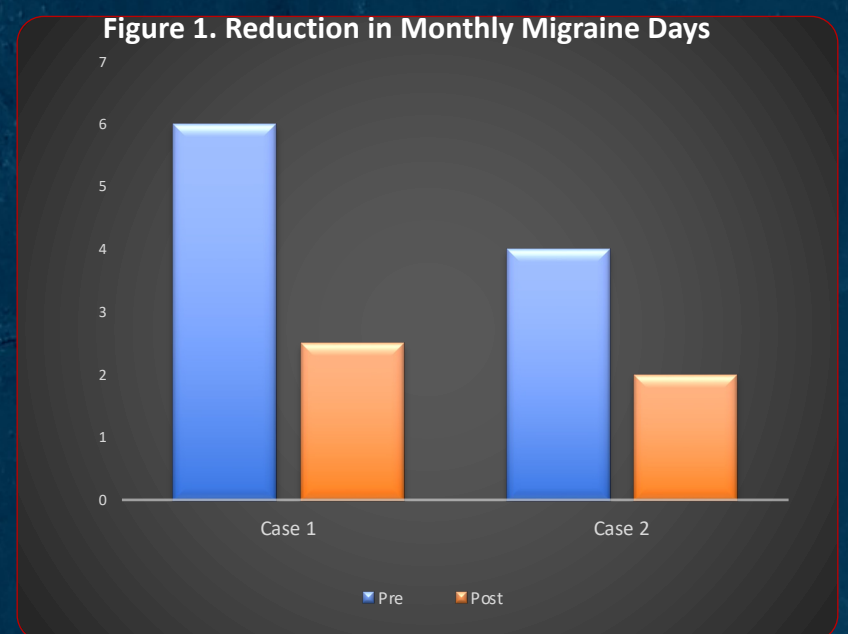
Case Reports

Case 1: a 34-year-old woman presented with menstrual migraine characterized by monthly attacks lasting from 5 to 7 consecutive days, beginning on day -1 relative to menstrual flow. She reported poor response to ibuprofen 600 mg and good efficacy with almotriptan, although with poor tolerability due to severe drowsiness. Initial management included a short-term prophylaxis with a nutraceutical supplement containing Tanacetum parthenium, griffonia and magnesium, combined with symptomatic treatment: frovatriptan 2.5 mg was used obtaining a reduction in attack intensity, with improved tolerability.

Case 2: a 38-year-old woman reported menstrual migraine starting on the first day of menstruation, with an average duration of 4 days. She responded well to rizatriptan 10 mg and eletriptan 40 mg, but often experienced relapse within 24-36 hours. A previous trial with magnesium-based supplements had been ineffective. She was initially managed with short-term prophylaxis using frovatriptan 2.5 mg twice daily starting on day -1 for 5 days, and naproxen sodium 550 mg as rescue therapy.

Intervention: in both cases, we advised a therapeutic switch towards a fixed-dose combination of sumatriptan 85 mg and naproxen sodium 500 mg, administered once daily for 5 days starting from the onset of the menstrual migraine.

Results: both patients reported in the next 3 months, more rapid resolution of the migraine attacks and a reduction in the overall number of headache days per month with mean MMD values of 6 and 4, compared with 2.5 and 2, respectively. The treatment was well tolerated, with no adverse events reported.



Conclusions: the use of sumatriptan/naproxen sodium combination as a short-term prophylactic strategy during high-risk days for menstrual migraine demonstrated efficacy in reducing both attack duration and recurrence. Although based on anecdotal evidence, these findings support a potential role for this pharmacological approach in personalized management of menstrual migraine. Prospective controlled studies on larger case series are needed to confirm these preliminary observations.

References

- 1- Headache Classification Committee of the International Headache Society. - The International Classification of Headache Disorders, 3rd edition. - Cephalalgia - 2018 - 38 - 1:211
- 2 -H Zhang, J-Z Qi, Z-H Zhang - Comparative efficacy of different treatments for menstrual migraine: a systematic review and network meta-analysis - The Journal of Head. and Pain - 2023 -24:81



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