Dear Editor,

The first turtle headache was reported in 1972 in a patient who had bilateral headache after awakening in the early morning. The headache developed while trying to go back to sleep and feeling discomfort in the daylight. The headache went worse if he pulls his head under his bed cover (1).

In the latest beta version of international headache classification hypnic headache (HH) syndrome, ‘alarm clock headache’ is regarded as a rare primary headache disorder (2). The attacks mostly occur at the same time at night. The etiopathogenesis of HH is poorly understood, yet the gray matter volume changes in the posterior hypothalamus, which is the biological clock, was detected in a study including HH patients (3).

Herein we report a case of 51 year-old man, who regularly awakened from sleep at the same time of the early morning by a diffuse headache which persisted for 15 to 40 minutes since one and a half year. He noticed that the headache continued only if he returns to sleep after he wakes up but it resolves if he gets up. In the last two months he had this headache everyday. He never reported any nausea, autonomic symptoms or restlessness. Cranial magnetic resonance imaging was normal. The patient was started on dual therapy including melatonin and caffeine. In the follow up visit after a month, he reported that the frequency and duration of the attacks decreased more than 50%.

Insistent circadian rhythm of these headache attacks points hypothalamic involvement and another clinical feature of HH is its therapeutic response to caffeine and melatonin (4, 5).

Distinction from other primary headaches especially from cluster headache (CH) is essential, which is an autonomic cephalgia occurring as paroxysmal excruciatingly severe unilateral pain grouped in cluster periods. The pain intensity in CH is estimated to be 100 to 1000 times worse. Another important point for HH is the exclusion of other causes of headache causing wakening from sleep including sleep apnea, nocturnal hypertension, hypoglycaemia, medication overuse and intracranial disorders. Though the diagnosis of sleep apnoea does not exclude accompanying HH syndrome (1).

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1. Gilbert GJ. Turtle Headaches. JAMA 1982; 248: 921. [CrossRef]
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