line to suspected trigger sites and remained on a traditional pharmacologic regimen for prevention or treatment of migraine headaches.

One year after inclusion, the remaining participants in the study group (n=89) reported more than 70% reduction in the loss of workdays as a result of headaches, with an impressive 88% reduction in the cost of care for migraines. In absolute numbers, a $6687 decrease in the cost of migraine-related treatment during the first year after surgery compares with the total cost of surgical care of $6956 for each treated patient.

The results in the surgical treatment group are also convincing in comparison with those in the control group, ie, among the control patients who completed the 12-month follow-up period (n=19 [76%]). Whereas a reduction of more than 50% in the Migraine Headache Index was reported by 83 (93%) of the 89 surgically treated patients, similar improvement occurred in only 8 patients (43%) in the control group. Complete elimination of the presurgical headaches was reported by 31 (35%) of the patients in the study group but not by any of the controls.

Guyuron and coworkers may have experienced the first of the 3 phases in the above quote from philosopher John Stuart Mill, and some may still hesitate to accept the concept that surgical facial rejuvenation techniques can predictably improve chronic migraines because it is so contrary to conventional teachings. Despite the methodological shortcomings of their study, the open design, the loss of 25% of the control patients, and the lack of long-term outcome data, the authors present a novel and effective method for the treatment of a major clinical and social problem. The results are promising, and more important, they will be tested by other investigators who in turn may bring the ideas involved to the point of global acceptance. The conclusions reached by Guyuron and colleagues do not disagree with those expressed in previous literature on the pathogenesis of migraines, and although dilation of large intracranial vessels is generally considered the immediate cause of migraine headaches, the underlying mechanisms are not completely understood. The possibility thus remains that surgical treatment other than nerve decompression, eg, the removal of adjacent muscle or simply of its fascia, may well be the key therapeutic factor. There is reason to believe that continued investigational work will provide a comprehensive mapping of peripheral pain generators for routine surgical treatment of migraine headaches.

Ake Nystrom, MD

Correspondence: Dr Nystrom, Division of Plastic and Reconstructive Surgery, Department of Orthopedic Surgery and Rehabilitation, 981080 University of Nebraska Medical Center, Omaha, NE 68198-1080 (anystrom@unmc.edu).

REFERENCES


Correction

Error in Byline. In the Beauty article by Tollefson titled “Oswaldo Guayasamín’s Madre y Niño,” published in the July/August 2006 issue of the ARCHIVES (2006;8:288-cover 3), the name of the first author was missing. The author’s name is Diego Teran.