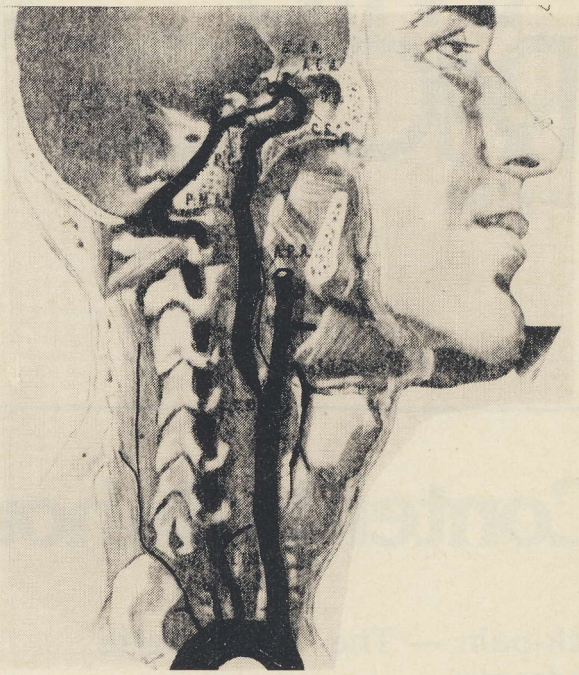
NECK PAIN — The "Dubb-Jaffe" Syndrome reviewed



By Dr Seymour Dubb

A prominent member of the faculty of General Practice of the College of Medicine of South Africa, explains his experiences of Neck Pain in general practice.

For many years I have been seeing patients complaining of pain on one or other side of the neck. The only positive finding in all patients was tenderness at the site of the carotid bifurcation. In one month between one of my partners and myself, we saw six such cases and, for want of a better name, I rather facetiously called it the Dubb-Jaffe syndrome.

It was unusual to see such a cluster of cases and months can go by with no case being seen, I could get no information on this condition either from textbooks or from the various physicians I discussed it with. We had now, however, seen enough of these cases to be able to reassure our patients that it was a self limiting condition and no cause for concern.

The breakthrough came about a year and a half ago when I found a letter in *The Lancet* headed: "Idiopathic Carotiditis" by Dr Bank who had had the same experience as myself - seeing patients with this condition, and unable to find any reference to it in the literature. He had seen 12 such cases. Dr Bank's publication produced a response in the form of a letter from Skrabanek, P.[2] of Dublin. He quoted many references to this condition. The first description comes from the French literature, when in 1948 Truffert, P.[3] described the "Syndrome doloureaux de la Fourche carotidienne". Skrabanek quotes four other references where authors describe from 5 to 12 cases.

The largest series was described by Lovshin [4] of Cleveland U.S.A., who analysed 100 case histories of patients seen in 2 years in one clinic.

An analysis of these various reports shows the following signs and symptoms:

The condition occurs in both sexes and seems to be confined to adults.

All patients complain of pain in the neck. It can vary from mild discomfort to severe pain. The pain radiates to the angle of the jaw or to the ear. Some complain of general malaise.

There is always marked tenderness confined to the carotid artery.

There is sometimes a swelling at the site of the bifurcation of the carotid artery. There is often increased pulsation of the carotid artery on the affected side. Erthrocyte sedimentation rate is usually normal or slightly raised. Leucocyte count is normal. There is no pyrexia. There is often an association with migraine or psychoneurotic personality, but many of the patients are healthy, well balanced people.

The duration of the pain can be from days to months. The condition can be recurrent.

Treatment:

Most authors recommend analgesics and firm reassurance. In the more resistant cases Bank prescribed a six day course of prednisone with striking improvement; within 24 hours the pain subsides. The regime is 30mg/day for 2 days, 20mg/day for 2 days, then 5mg/day for 2 days. Other doctors have also used steroids with apparent benefit.

In May 1979 I started recording patients seen by me and collected 7 cases in the course of eight months. There were 6 females, 2 males and ages varied from 26 to 53, the mean age was 40. All had pain in the neck and all had tenderness over the right or left carotid. I couldn't find a swelling in any of the patients. There was increased pulsation in two. Three of the patients had been treated for anxiety and/or depression. They were all treated with non-steroidal anti-inflammatory drugs, explanation and reassurance.

Aetiology

The various authors speculate as to the cause of this condition but no firm aetiology has been found. The vessel cannot be biopsied

Some suggestions are:

- Infection of the carotid sheath.
- Autonomic dysfunction closely allied to migraine.
- The occurance of an arteritis of the nature of a collagen disorder.

Why then has this fairly common condition not found its way into the textbooks, and why do so few practitioners know of it? Davies [5] who described six cases says: "The apparent rarity of the syndrome is probably due to our failure to recognise it. We cannot recognise something of which we are not already aware."

W.H. Saunders [6], of St. Louis says: "The only difficulty in diagnosing carotid arteritis is in thinking of it; no other condition causes tenderness limited to the course of the carotid artery."

G.F. Green [7], a general practitioner in Yorkshire, published a series of 12 cases seen over a period of 2 years. He believes that the majority of episodes being both mild and self limiting will tend to be accepted in terms of the patient's complaint of a sore throat, or swollen glands, and that the remission will be attributed to whatever therapy was given.

From the experience of this condition in my practice and the review of the literature, there is no doubt that this is a common condition that needs wider recognition.

With this recognition of carotid pain as a definite syndrome, albeit of unknown aetiology, one can then reassure the patient that he or she is suffering from a benign self limiting illness, and so save much anxiety and unnecessary investigation and therapy.

References

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4. Lovshin, L.C. Cleveland Clin Quart 1960, 27, 5
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7. Green, G.F. Practitioner 1966. 146. 562