

Facial hemispasm

With **facial hemispasm** there are ***involuntary unilateral, painless, spastic contractions of mimic muscles.***

- typically start at the m. orbicularis oculi and descend to the mimic muscles of the face and periorally;
- *atypical form*: starts buccally and spreads upward;
- most often caused by compression of the REZ (root entry zone) facial nerve a. cerebelli inferior anterior.

Differential diagnosis

- facial myokymia (continuous spasm, may be a manifestation of a tumor brain stem / multiple sclerosis);
- blepharospasm;
- hemifacial spasm persists in sleep.

Treatment of facial hemispasm

- **microvascular decompression n. VII** (success rate 70-90%) - the main risk of surgery hearing damage (manipulation of n. VIII, necessary intraoperative monitoring BAEP), other risks are injury to the decompressed n. VII or damage to the cerebellum;
- "elderly and high-risk patients": local application of botulinum toxin to the muscle affected by the spasm, the effect lasts for about 5 months, after which the application must be repeated.

Links

Related Articles

- Facial nerve palsy
- Trigeminal neuralgia

References

- SAMESH, M, et al. *Neurosurgery*. 1. edition. Prague : Jessenius Maxdorf, 2005. ISBN 80-7345-072-0.