

## **Telltale Signs**

### **Facial Tics**

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This short paper presents an approach to management of facial tics, which are rare in adults. Facial tics are usually progressive. If bilateral, the condition is usually 'benign essential blepharospasm'. If unilateral they are usually due to hemifacial spasm.

### **Benign essential blepharospasm**

A patient with benign essential blepharospasm presents with involuntary spasms of all the eyelid muscles. The patient is typically over 50 years of age. The condition usually progresses over a few years and then remains static. Severe cases can result in functional blindness.

The condition is usually idiopathic.

Blepharospasm can also extend to other facial muscles and even to neck and shoulder muscles (Meige's syndrome).

Uncommon secondary causes of conditions that can simulate benign essential blepharospasm include tardive dyskinesia and brainstem trauma.

### **Why doctors get it wrong**

One recent survey in the USA showed that patients with benign essential blepharospasm and similar dystonias typically waited several years and attended many doctors before an accurate diagnosis was made.

Of family physicians that were consulted, only 4% made the correct diagnosis. Of neurosurgeons who were consulted, only 7% made the correct diagnosis. Ophthalmologists did a little better and neurologists did best of all.

Nevertheless, it took an average of 4.1 years for the diagnosis of benign essential blepharospasm to be made! The commonest experience with doctors was that they were ignorant of the condition, claimed the patient did not have a legitimate disease, said "it's only emotional", did not take the patient seriously, and did not give appropriate advice.

## **Hemifacial spasm**

Unpredictable involuntary spasms, or twitching, contort the muscles on one side of the face. This disorder is probably due to compression of the facial nerve by an abnormal vessel as it arises from the brainstem.

### **Treatment**

#### **Botulinum toxin injections**

The treatment of choice for these conditions is the injection of botulinum toxin type A into the affected muscles. This produces symptomatic relief for two to six months, and re-injecting the muscles when the effect wears off restores the original beneficial effect.

The therapeutic injection of botulinum toxin (brand name 'Botox' in Australia) was first carried out some 15 years ago. The drug has been licensed for use in the USA since 1989 and in Australia since 1993.

In general, ophthalmologists and neurologists are the specialists who have greatest experience in use of this drug and patients who have these symptoms should be referred to an ophthalmologist or neurologist.

A small number of ophthalmologists and neurologists have been nominated by the Health Department as being approved users of botulinum toxin (Botox) for the treatment of facial muscle spasm. Since 1 December 1994, these doctors have received the toxin free.

It is expected that over the period 1995-1996, the numbers of doctors using this drug in this fashion will increase. In the interim, if you have a patient who requires assessment or treatment your local ophthalmologist or neurologist is likely to know of a colleague using this drug.

#### **Other treatments**

Very few drugs are effective, although clonazepam helps some patients but usually in a dosage that induces sedation. Benzhexol (Artane) may help some patients while anecdotal information includes the benefit of acupuncture in some patients.

Hemifacial spasm may be cured by decompressing the facial nerve root. Younger patients (say, under 45) should be referred to a neurosurgeon.

Blepharospasm can be helped by major surgery to remove the orbicularis oculi muscle, an operation that is sometimes performed in the ocular plastic department at the Royal Victorian Eye and Ear Hospital, Melbourne.

### **What is orbicularis myokymia?**

Patients of all ages will present from time to time with the sensation of quiver in one eyelid that lasts seconds at a time. If the patient happens to be staring in a mirror when they have this quiver, they can sometimes see it in the mirror (or think they see it).

This is not benign essential blepharospasm. This is not any facial spasm. This should never be confused with either of these two more serious conditions.

There is no obvious cause for myokymia, but it is generally considered to be psychosomatic or stress-related. Alcohol abuse has been suggested as a possible cause.