Hemifacial Spasm – A Case Report

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ABSTRACT

Hemifacial spasm is an uncommon, recurrent facial musculature contraction that usually occurs on one side of the face, typically in the forehead, and can range throughout the entire domain. The most common precipitating cause of facial nerve compression is an enlarged or abnormal branching facial vessel visualized at the Gasserian ganglion. In this case, a 53-year-old female presented with concern of right eye twitching with elevation of the right upper lid and later contractions of the right side of her face for two months. The patient reported right facial muscle twitching, which eventually progressed to contractions. The patient had a notable history of cervical spine pathology, hypertension, and back pain. The patient’s medical and surgical history were unremarkable. She reported consumption of only one cup of coffee weekly with no nicotine usage. She reported no additional lifestyle changes over the time her headache resolved. Vital signs revealed a weight of 237.7 lbs (70.4 kg) and was 61.37 in (155.3 cm tall), BMI of 34.3; Blood pressure 145/90, P 80, B/P 130 (Normal BP ranges 90/60-120/80). The patient denied history of personal or family history of stroke, myocardial infarction, diabetes, hypertension, heart failure, or neurological disease. The patient had no other significant past medical or surgical history. She was admitted to the hospital for right facial muscle twitching, which was subsequently diagnosed as hemifacial spasm.

CASE PRESENTATION

CASE PRESENTATION (CONT.)

- **Symptoms**
  - Headache
  - Migrainous and atypical cluster headache

- **Diagnosis**
  - Abnormal muscle activity in cranial nerve VII

- **TREATMENT**
  - Medication:
    - Carbamazepine
    - Calcium Channel blocker

- **RESULTS**
  - **BP:**
    - Average: 140/90
  - **Ca:**
    - 10 mg/dL
  - **Alb:**
    - 5.6 g/dL

- **DISCUSSION**
  - **Treatment:**
    - Carbamazepine

- **REFERENCES**


### CASE PRESENTATION

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#### Setting:

Caudle Family Medicine Office

**Patient Demographics:** 53-year-old female

**Chief Complaint & History of Present Illness:**

- **Presenting Complaint:** Right half of the face is twitching very slowly, along with elevation of the right upper lid. These symptoms started about two months ago. She initially reported seeing some sensory abnormalities in the right side of her face, which slowly progressed to facial muscle twitching.

**History of Present Illness:**

- **Neurological History:**
  - History of cervical spine pathology, hypertension, and back pain. The patient denied history of personal or family history of stroke, myocardial infarction, diabetes, hypertension, heart failure, or neurological disease. She had no other significant past medical or surgical history.

**Medication History:**

- **Carbamazepine**
- **Calcium Channel blocker**

**Past Medical History:**

- **Headache**
- **Obstructive sleep apnea**

**Medications:**

- **Carbamazepine:** 20 mg daily

**Social History:**

- **Sex:** Female
- **Race:** White
- **Alcohol:** None
- **Tobacco:** None
- **Smoking:** None

**Allergies & Sensitivities:**

- **Red*C**
- **Rhinitis:**

**Medical Examination:**

- **Vital Signs:**
  - Weight: 237.7 lbs
  - Blood Pressure: 145/90
- **Neurological Examination:**
  - Right facial muscle twitching
  - Normal cranial nerve examination

**Neurological Exam:**

- **Findings:**
  - Right facial muscle twitching
  - Normal cranial nerve examination

**Imaging:**

- **Brain MRI:**
  - Normal

**Diagnosis:**

Hemifacial spasm

**Treatment:**

- **Carbamazepine**

**Follow-up:**

- Patient continues to notice improvement in facial muscle twitching.

**Outcome:**

- Patient remains asymptomatic with regular follow-up appointments.

**Conclusion:**

Hemifacial spasm is an uncommon, recurrent facial musculature contraction that usually occurs on one side of the face, typically in the forehead, and can range throughout the entire domain. The most common precipitating cause of facial nerve compression is an enlarged or abnormal branching facial vessel visualized at the Gasserian ganglion. In this case, a 53-year-old female presented with concern of right eye twitching with elevation of the right upper lid and later contractions of the right side of her face for two months. The patient reported right facial muscle twitching, which eventually progressed to contractions. The patient had a notable history of cervical spine pathology, hypertension, and back pain. The patient’s medical and surgical history were unremarkable. She reported consumption of only one cup of coffee weekly with no nicotine usage. She reported no additional lifestyle changes over the time her headache resolved. Vital signs revealed a weight of 237.7 lbs (70.4 kg) and was 61.37 in (155.3 cm tall), BMI of 34.3; Blood pressure 145/90, P 80, B/P 130 (Normal BP ranges 90/60-120/80). The patient denied history of personal or family history of stroke, myocardial infarction, diabetes, hypertension, heart failure, or neurological disease. She had no other significant past medical or surgical history. She was admitted to the hospital for right facial muscle twitching, which was subsequently diagnosed as hemifacial spasm. The patient was treated with Carbamazepine, which resulted in significant improvement in facial muscle twitching, and the patient continues to notice improvement with regular follow-up appointments.

**REFERENCES**