

Hemifacial spasm treatment

- A retrospective study of the effect of papaverine on perioperative efficacy of microvascular decompression in the treatment of hemifacial spasm
- Non-Root Exit Zone Exploration during Facial Nerve MVD: A Discussion of the Pathogenesis in Atypical Cases of Hemifacial Spasm
- Postoperative Dysphagia Management in Hemifacial Spasm: A Case Report of Combined Catheter Balloon and Neuromuscular Stimulation
- Botulinum toxin type A injections demonstrate remarkable efficacy in treating hemifacial spasm in elderly patients
- Fully endoscopic microvascular decompression for painful tic convulsif secondary to vertebrobasilar dolichoectasia
- Intraoperative use of lateral spread response measurement in the upper orbicularis oculi and mandibular muscles in patients with hemifacial spasm after botulinum toxin treatment
- Glue-transposition technique for hemifacial spasm involving vertebrobasilar dolichoectasia: a comparative study and literature review
- Twists of trouble: AICA loops as the culprit in hemifacial spasm

Medical management

Hemifacial spasm is generally a surgical condition. Early, mild cases may be managed expectantly.

Carbamazepine and phenytoin are generally ineffective, unlike the situation with the causally similar condition of trigeminal neuralgia.

Local injection of botulinum toxin (Oculinum®) may be effective in treating HFS and/or blepharospasm.

Baclofen has been advocated but is not very effective.

As a treatment for hemifacial spasm, microvascular decompression and botulinum toxin injection have been shown to be highly successful. Anticonvulsant drugs relieve HFS in some patients; however, the use of such drugs is limited owing to their side effects, predominantly in elderly patients.

see Levetiracetam for hemifacial spasm.

Botulinum toxin can be useful by alleviating the symptoms, but the effects are inconstant and only transient.

Surgery

see Hemifacial spasm surgery.

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