Microvascular decompression for hemifacial spasm outcome

Microvascular decompression is an effective treatment option in elderly patients with hemifacial spasm as well as in younger patients. Age itself seems to be no relevant contraindication or, alternatively, risk factor regarding MVD [1)]

Given that postoperative delayed cure was unavoidable, even with accurate identification of the offending vessel and sufficient decompression of the root exit zone, the delayed cure should be considered in patients undergoing reoperation due to lack of remission or relapse after the operation. Additionally, the timing of efficacy assessments should be delayed [2)].

The definitive treatment for hemifacial spasm is microvascular decompression (MVD), which cures the disease in 85% to 95% of patients according to reported series. In expert hands, the MVD procedure can be done with relatively low morbidity.

Post-operatively, there may be episodes of mild HFS, however they usually begin to diminish 2–3 days following MVD. Severe spasm that does not abate suggests failure to achieve adequate decompression, and reoperation should be considered.

Surgical results of MVD depends on the duration of symptoms (shorter duration has better prognosis) as well as on the age of the patient (elderly patients do less well). Complete resolution of HFS occurred in 44 (81%) of 54 patients undergoing MVD, however, 6 of these patients had relapse [3)]. 5 patients (9%) had partial improvement, and 5 (9%) had no relief.

Complete resolution of spasm occurs in ≈ 85–93% [4) 5) 6) 7) 8)]. Spasm is diminished in 9%, and unchanged in 6% [9)]. Of 29 patients with complete relief, 25 (86%) had immediate post-op resolution, and the remaining 4 patients took from 3 mos to 3 yrs to attain quiescence.

Recurrence

Recurrent hemifacial spasm after microvascular decompression.

References

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