Teaching Video *NeuroImages*: Hemifacial spasm due to cerebellopontine angle mass

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Figure Imaging and pathology of cerebellopontine angle mass

(A) T1 pre/postcontrast MRI with complex mass lesion involving the right cerebellopontine angle cistern and fourth ventricle. (B) Palisading pilocytic astrocytes with Rosenthal fibers (arrows), 40× magnification.

A 21-year-old woman presented with tremor of the right eyelid that progressed in 1 year to involve the ipsilateral cheek and lip and ipsilateral hearing loss since childhood. Her lack of medical comorbidities prompted imaging that revealed a mass in the right cerebellopontine angle cistern. She underwent debulking of the mass, which resolved the tremors. Her pathology revealed pilocytic astrocytoma (figure; video at Neurology.org). Cranial nerve 7 is predisposed to injury due to its anatomic location. There are many case reports of hemifacial spasms due to mass effect.¹ Imaging should be performed in otherwise healthy patients to exclude secondary causes of spasms.²

AUTHOR CONTRIBUTIONS

Dr. Guha, K. Cathcart, Dr. Arteaga: drafting the manuscript, chart review, analysis and interpretation of data. Dr. Guha:

acquisition of data, study supervision, critical revision of the manuscript.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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