Infratentorial Multiple Sclerosis Relapse Presenting as Continuous Hemifacial Myokymia

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Roche and for participating as a speaker at meetings and teaching courses sponsored by Biogen and Novartis.
A 26-year-old female with an 8-year history of untreated Multiple Sclerosis (MS) presented with acute-onset continuous involuntary wavelike movements on the right side of her face (video). Neurological examination revealed continuous right-sided hemifacial myokymia (CFM), with no concurrent hemifacial spasm. MRI documented a new non-enhancing lesion in the dorsolateral right pontine tegmentum, and multiple supratentorial demyelinating lesions (figure A-D). Symptoms spontaneously resolved three weeks later. MS relapses may involve the postnuclear facial nerve course within the pontine tegmentum, producing ipsilateral CFM (1,2). Strict unilaterality and perioral involvement argue against benign eyelid myokymia and should suggest a structural pontic lesion, warranting neuroimaging.

Teaching Slides-http://links.lww.com/WNL/B373

Video-http://links.lww.com/WNL/B374

References:


Figure 1. MRI findings

Axial (A) / Sagittal (B) MRI brain T2-weighted-fluid-attenuated inversion recovery (FLAIR) images showing a hyperintense lesion on the right dorsolateral pons, with local swelling, lying near the facial nerve nucleus, and involving the bulbopontine sulcus (arrow). Axial T1 after gadolinium (C) / T2 FLAIR (D) images, revealing typical demyelinating supratentorial lesions.

Video Legend

Right-side locked continuous myokymia, predominantly affecting the orbicularis and perioral muscles
Teaching Video NeuroImages: Infratentorial Multiple Sclerosis Relapse Presenting as Continuous Hemifacial Myokymia
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