

An Eye Opening Approach to Facial Synkinesis in Veterans with Head Trauma and Bell's Palsy

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- I. Case Presentation #1
 - a. Case History: Facial Synkinesis in a veteran with a history of head trauma
 - i. Demographics
 - ii. Chief complaint: "My right eye closes when eating"
 - 1. Started after ipsilateral facial/head trauma while on active duty in the 1990's
 - iii. History of Present Illness
 - iv. Pertinent medical history/medications
 - b. Clinical Findings
 - i. Synkinetic ptosis OD– demonstrated with video
 - ii. Lacrimation with salivation right side

- II. Case Presentation #2
 - a. Case History: Facial Synkinesis in a veteran with a history of multiple episodes of Bell's Palsy
 - i. Demographics
 - ii. Chief complaint: "excessive right eye tearing when I eat"
 - 1. started within a few months after 2nd episode of Bell's Palsy in 1986
 - iii. History of Present Illness
 - iv. Pertinent medical history/medications
 - b. Clinical Findings
 - i. Synkinetic ptosis OD– demonstrated with video
 - ii. Lacrimation with salivation right side
 - c. Treatment and management
 - 1. Monitor

- III. Discussion
 - a. Definition of synkinesis
 - b. History and mechanism of synkinesis
 - c. Common ocular signs and symptoms of synkinesis
 - d. Etiology of our case
 - i. Cranial nerve review: anatomy, motor and sensory function, testing
 - 1. Cranial nerve III: oculomotor
 - 2. Cranial nerve V: trigeminal
 - 3. Cranial nerve VII: facial
 - ii. Differential Diagnoses
 - 1. Primary: facial synkineses

2. Others: trigemino-oculomotor synkinesis, facial-oculomotor synkinesis, trigemino-facial synkinesis
- e. Facial synkinesis
 - i. Etiology
 - ii. Inverse Marcus Gunn Phenomenon
 - iii. Diagnostic tools
 - iv. In-office facial synkinesis screening
 - v. Treatment and management
 1. Options
 - a. Synkinesis control techniques
 - b. Botulinum toxin injections
 2. Case #1
 - a. MRI of the brain and orbits, with and without contrast
 - b. Oculoplastics referral for Botox injections
 3. Case #2
 - a. Patient elected to monitor without treatment

IV. Conclusion

- a. Optometrists should be aware of the possibility for synkinesis in patients with a history of cranial nerve paralyses or head trauma.
- b. An MRI should be performed to rule out masses or lesions when etiology cannot be explained.
- c. Botox injections provide for an excellent non-surgical solution for synkinesis involving the facial nerve.

V. References

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