

[Ophthalmic Plast Reconstr Surg](#). 2024 Dec 11. doi: 10.1097/IOP.0000000000002838.

Online ahead of print.

Isolated Hemifacial Spasm as the Presenting Sign of Cerebral Glioblastoma

[Agni Kakouri](#)¹, [Ying Chen](#), [Timothy J McCulley](#)

Affiliations

PMID: 39660646 DOI: [10.1097/IOP.0000000000002838](https://doi.org/10.1097/IOP.0000000000002838)

Abstract

The authors report a rare case of a 58-year-old female with mild right-sided hemifacial spasms and eyelid myokymia and a concomitant high-grade glial mass. This report outlines the clinical presentation, diagnostic approach, and management of right hemifacial spasms and eyelid myokymia. The patient had a 5-month history of gradually worsening right hemifacial spasms accompanied by mild right lower eyelid twitching. Given the persistence and exacerbation of these symptoms, alongside episodes of dysphagia, an MRI was performed. Imaging revealed a heterogeneous, peripherally enhancing mass with central necrosis at the lateral aspect of the left precentral gyrus and posterior aspect of the left middle and inferior frontal gyri consistent with high-grade glial mass. The patient subsequently underwent an awake craniotomy with resection of a temporal lobe tumor. These initial episodes of isolated facial spasms may be attributed to *epilepsia partialis continua*, often indicative of subcortical lesions that can compress the motor cortex. Eyelid myokymia and hemifacial spasms, though common, present significant diagnostic and management challenges. Due to high rate of underdiagnosis or misdiagnosis of these conditions, increased clinical awareness and knowledge are essential for effective patient management.

Copyright © 2024 The American Society of Ophthalmic Plastic and Reconstructive Surgery, Inc.

[PubMed Disclaimer](#)