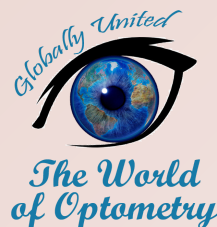


# TWOP Discussion

*Globally United*  
**BLEPHAROSPASM**



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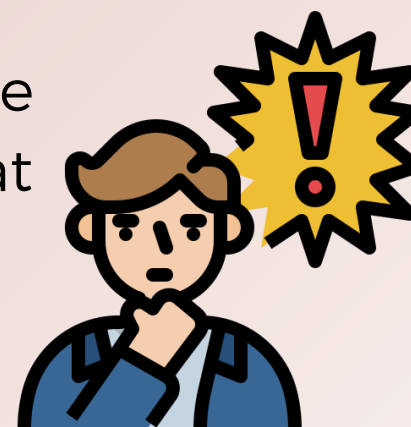
# INTRODUCTION

**Blepharospasm** is a rare condition that causes your eyelid to blink or twitch. You can't control it. This is called involuntary blinking or twitching.



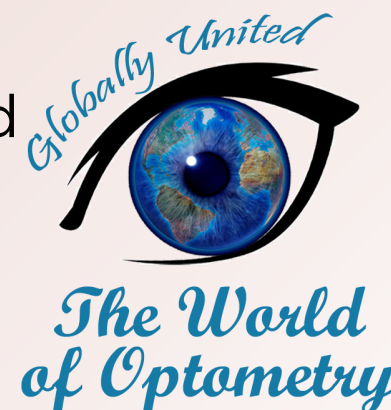
## Symptoms:

- Uncontrolled blinking, twitching, or closure of the eyelids. Always bilateral, but may briefly be unilateral at first onset.



## Signs:

- **Critical:** Bilateral episodic, involuntary contractions of the orbicularis oculi muscles.
- **Other:** Disappears during sleep. May have uncontrolled orofacial, head, and neck movements (Meige syndrome).

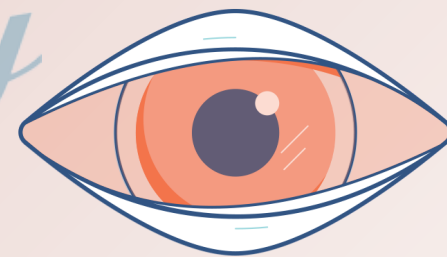
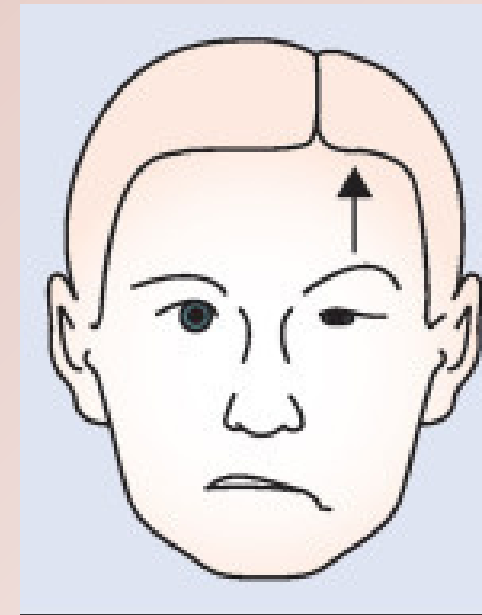


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# DIFFERENTIAL DIAGNOSIS

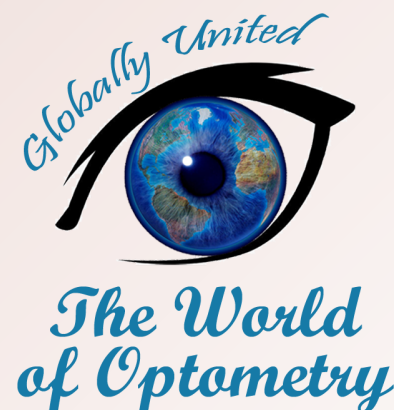
## Hemifacial spasm:

- Unilateral contractures of the entire side of the face that do not disappear during sleep. Usually idiopathic but may be related to prior CN VII palsy, injury at the level of the brainstem, or compression of CN VII by a blood vessel or tumor. MRI of the cerebellopontine angle should be obtained in all patients to rule out tumor. Treatment options include observation, botulinum toxin injections, or neurosurgical decompression of CN VII.



## Ocular irritation:

- (e.g., corneal or conjunctival foreign body, trichiasis, blepharitis, dry eye).



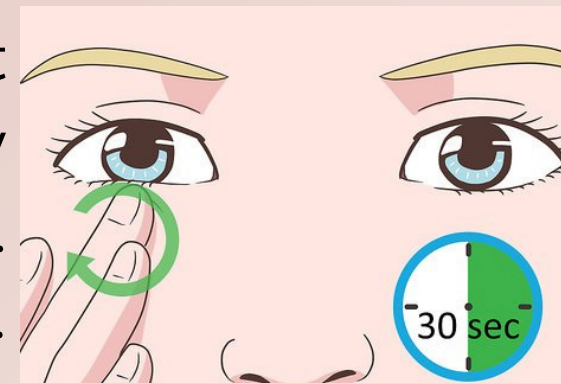


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# DIFFERENTIAL DIAGNOSIS

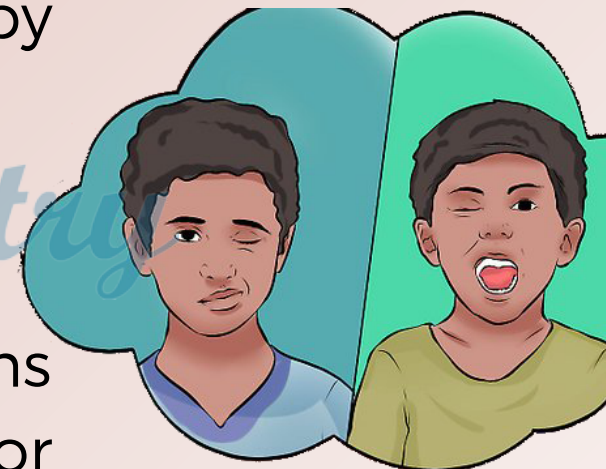
## Eyelid myokymia:

- Subtle eyelid twitch felt by the patient but difficult to observe, commonly brought on by stress, caffeine, alcohol, or ocular irritation. Usually unilateral lower eyelid involvement. Typically self-limited and can be treated by avoiding precipitating factors.



## Tourette syndrome:

- Multiple compulsive muscle spasms associated with utterances of bizarre sounds or obscenities.



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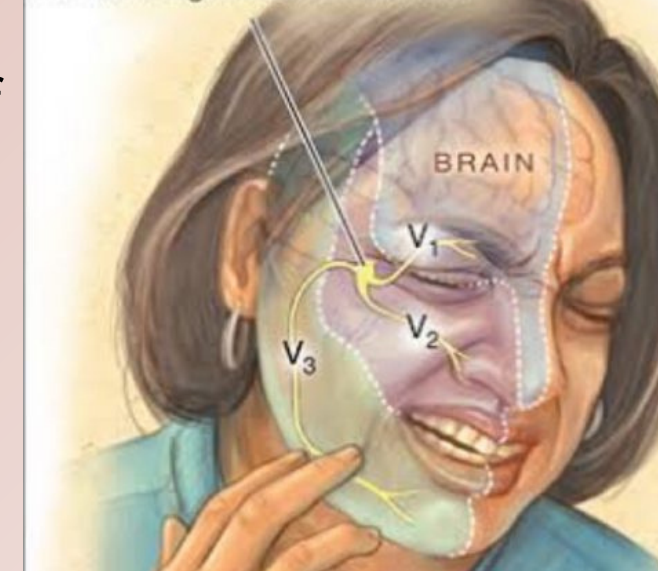
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# DIFFERENTIAL DIAGNOSIS

## Tic douloureux (trigeminal neuralgia):

- Acute episodes of pain in the distribution of the fifth CN, often causing a wince or tic.

Trigeminal nerve (cranial nerve V) and its 3 regions of innervation



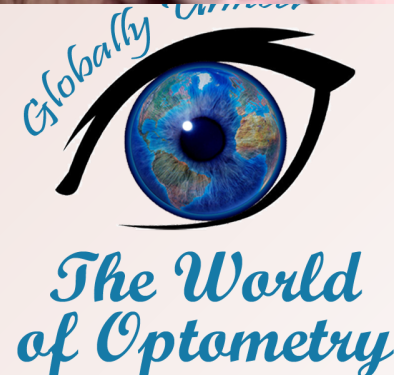
## Tardive dyskinesia:

- Orofacial dyskinesia, often with dystonic movements of the trunk and limbs, typically from long-term use of antipsychotic medications.



## Apraxia of eyelid opening:

- Usually associated with Parkinson disease. Unlike blepharospasm, apraxia of eyelid opening does not feature orbicularis spasm. Instead, apraxic patients simply cannot open the eyelids voluntarily.





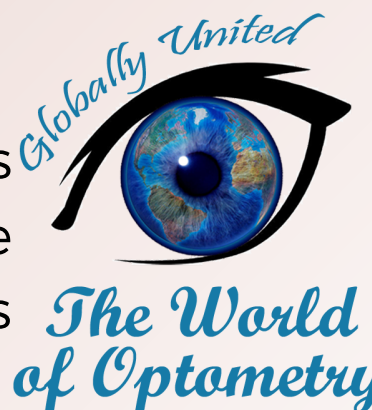
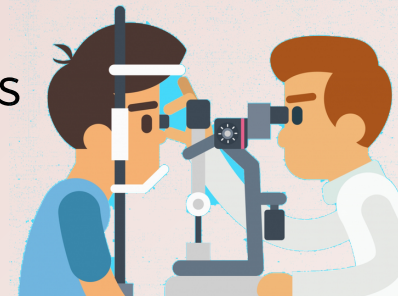
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# ETIOLOGY

Idiopathic and likely multifactorial, possibly involving dopaminergic pathways within the basal ganglia.

# WORK-UP

- **History:** Unilateral or bilateral? Are the eyelids alone involved or are the facial and limb muscles also involved? Medications? Associated pain?
- **Slit lamp examination:** Examination for ocular disorders such as dry eye, blepharitis, or a foreign body.
- **Neuroophthalmic examination** to rule out other accompanying abnormalities.
- **Typical blepharospasm** does not require CNS imaging as part of the work-up. MRI of the brain with attention to the posterior fossa and path of CN VII is reserved for atypical cases or other diagnoses (e.g., hemifacial spasm).



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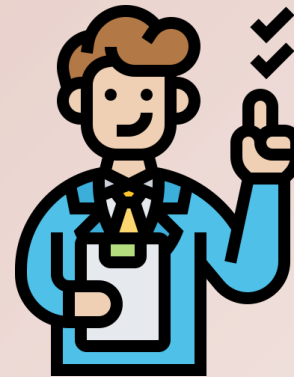
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# TREATMENT

1. Treat any underlying eye disorder causing ocular irritation.
2. Consider botulinum toxin injections into the orbicularis muscles around the eyelids if the blepharospasm is severe.
3. If the spasm is not relieved with botulinum toxin injections, consider surgical excision of the orbicularis muscle from the upper eyelids and brow (e.g., limited myectomy).
4. Muscle relaxants and sedatives are rarely of value but can be helpful in some patients. Oral medications such as lorazepam can help but their use is often limited by their sedative qualities.

## Follow-Up

Not an urgent condition, but with severe blepharospasm patients can be functionally blind.



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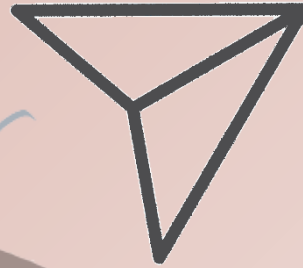
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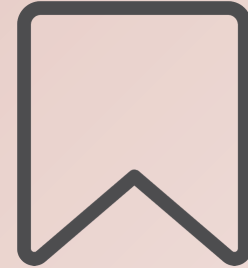
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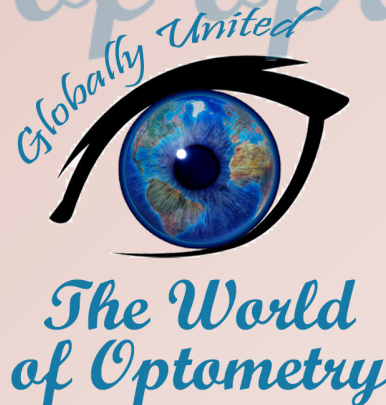


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