
■ OTHER MOTOR DISORDERS OF THE FACE

Hemifacial spasm consists of painless irregular involuntary contractions on one side of the face. Most cases appear related to vascular compression of the exiting facial nerve in the pons. Other cases develop as a sequela to Bell's palsy or are secondary to compression and/or demyelination of the nerve by tumor, infection, or MS. Local injections of botulinum toxin into affected muscles can relieve spasms for 3–4 months, and the injections can be repeated. Refractory cases due to vascular compression usually respond to surgical decompression of the facial nerve. Anecdotal reports describe success using carbamazepine, gabapentin, or baclofen. Blepharospasm is an involuntary recurrent spasm of both eyelids that usually occurs in elderly persons as an isolated phenomenon or with varying degrees of spasm of other facial muscles. Severe, persistent cases of blepharospasm can be treated by local injection of botulinum toxin into the orbicularis oculi. Clonazepam, baclofen, and trihexyphenidyl have also been used to treat this disorder. Facial myokymia refers to a fine rippling activity of the facial muscles; it may be caused by MS or follow Guillain-Barré syndrome ([Chap. 447](#)).

OTHER CRANIAL NERVE DISORDERS

■ GLOSSOPHARYNGEAL NEURALGIA

The ninth cranial (glossopharyngeal) nerve ([Fig. 441-5](#)) conveys somatic sensation from the pharynx, middle ear, tympanic membrane, eustachian tube, and posterior third of the tongue to the spinal trigeminal nucleus. It also relays taste from the posterior third of the tongue and information about blood pressure from baroreceptors in the carotid sinus to the nucleus solitarius, which also serves as the sensory nucleus for the vagus nerve. Motor function originates in the nucleus ambiguus and is limited to the stylopharyngeus muscle. Parasympathetic fibers from the medullary inferior salivatory nucleus synapse in the otic ganglion with postganglionic fibers that innervate the parotid gland.