

## Image Report

# Hemifacial spasm due to multiple neurovascular conflicts: A conundrum

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We report the case of a 54-year-old male who presented with complaints of twitching of the right side of the face for 18 months, which had increased in severity for the past 3 months. On examination, there was no neurological deficit. His radiology revealed dolichoectasia of the right vertebralbasilar artery causing compression of the right 7<sup>th</sup>–8<sup>th</sup> nerve complex [Figure 1]. At surgery, multiple sites of neurovascular conflict were present [Figure 2]. We observed neurovascular conflict between the dolichoectatic basilar artery, anterior inferior cerebellar artery (AICA), and the 7<sup>th</sup> and 8<sup>th</sup> nerve complex [Figure 2]. A branch of AICA was seen splitting and traversing through the 7<sup>th</sup>–8<sup>th</sup> nerve complex [Figure 2]. We kept a Teflon patch between the dolichoectatic basilar artery on one side and AICA with the 7<sup>th</sup>–8<sup>th</sup> nerve complex at the root exit zone (REZ) on the other side [Figure 2]. Another Teflon patch was kept between AICA and the 7<sup>th</sup>–8<sup>th</sup> nerve complex [Figure 2]. We decided not to sacrifice the branch of AICA which was traversing through the 7<sup>th</sup>–8<sup>th</sup> nerve complex [Figure 2]. Postsurgery, there was complete resolution of the hemifacial spasm. This rare case underscores the importance of preserving the branch of AICA traversing through the 7<sup>th</sup>–8<sup>th</sup> nerve complex without compromising the postoperative result.

Hemifacial spasm is usually caused by compression of the facial nerve at the REZ by a vessel, most commonly AICA.<sup>[4]</sup> Microvascular decompression of the facial nerve is the surgical procedure of choice in these patients. Postsurgery, complete resolution of spasm occurs in approximately 85%, the spasm is diminished in 9% and unchanged in 6%.<sup>[1-3]</sup>

### Declaration of patient consent

Patient's consent not obtained as patient's identity is not disclosed or compromised.

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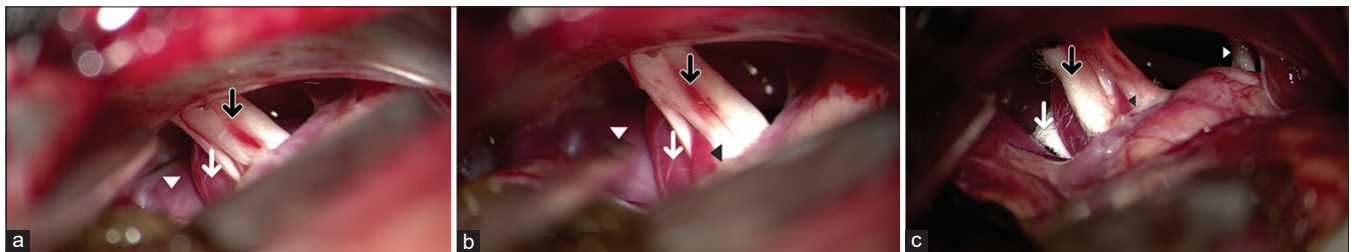
Nil.

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**Figure 1:** Magnetic resonance imaging of the brain reveals dolichoectasia of the right verteobasilar artery causing compression of the right 7<sup>th</sup>–8<sup>th</sup> nerve complex.



**Figure 2:** Intraoperative photographs showing (a) neurovascular conflict between the dolichoectatic basilar artery (white arrowhead), anterior inferior cerebellar artery (AICA) (white arrow), and the 7<sup>th</sup>–8<sup>th</sup> nerve complex (black arrow). (b) A branch of AICA splitting and traversing through the 7<sup>th</sup>–8<sup>th</sup> nerve complex (black arrowhead) (dolichoectatic basilar artery – white arrowhead, AICA – white arrow, and 7<sup>th</sup>–8<sup>th</sup> nerve complex – black arrow). (c) A Teflon patch kept between the dolichoectatic basilar artery on one side and AICA with the 7<sup>th</sup>–8<sup>th</sup> nerve complex at the root exit zone on the other side (white arrow). Another Teflon patch was kept between AICA and the 7<sup>th</sup>–8<sup>th</sup> nerve complex (black arrow). The branch of AICA traversing through the 7<sup>th</sup>–8<sup>th</sup> nerve complex was preserved (black arrowhead). The lower cranial nerves are also seen (white arrowhead).

### Conflicts of interest

There are no conflicts of interest.

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