

PSYCHOGENIC FACIAL MOVEMENT DISORDER: A CASE REPORT

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Introduction: Psychogenic facial movement disorders (PFMD) can be confused with movement disorders of organic origin. Herein, a case misdiagnosed as peripheral facial paralysis (PFP) is presented together with video demonstrations.

Case: A 44-year-old female patient was evaluated because of bending of her mouth developed 4 days ago. Cranial MRI performed in another hospital did not demonstrate any abnormality, and steroid therapy was initiated with the diagnosis of PFP by them. The patient presented to us because of bending of the mouth did not resolve completely. She had hypertension, diabetes, and depression. She was using indapamide, metformin, and citalopram. Neurologic examination revealed flattening of nasolabial fold which disappeared during talking and downward retraction of the contralateral edge of the mouth. She could close her eyes completely, and other neurologic examination results were not remarkable. EMG findings were normal. Fluctuant flattening of nasolabial fold, and the impression of downward retraction of one side of the mouth suggested PFMD. Her steroid therapy was discontinued, and treatment with alprozolam was initiated. A prominent resolution of her complaints was observed during posttreatment follow-up control visits.

Conclusion: In all patients with PFMD phasic or tonic muscle contractions mimicking dystonia can be seen. Most frequently downward retraction of the lip is seen. In nearly half of the patients symptoms follow a paroxysmal pattern. Usually involvement of one side is seen, however affected side may change. Extreme contractions can result in painful episodes. We wanted to present this case because it is especially confused with PFP.