

Synkinesis after facial paralysis

About synkinesis

Although many patients with facial paralysis will see improvement, sometimes the facial muscles can “over-correct” causing the face to become tight, stiff or “heavy.” The eye may appear small. The crease between the side of the nose and corner of mouth (nasolabial fold) may seem deeper than the unaffected side. In some cases, the facial nerve can heal improperly causing muscles to contract out of sequence or at the same time. For example, the eye may close during a smile or pucker, or the cheek may pull up when the eye closes. This improper movement, called synkinesis, can result in uncoordinated or distorted facial expression.

Evaluation

- Occurs in cases of delayed recovery after peripheral facial nerve injury
- Patients may describe facial tightness, pain, spasm or uncoordinated muscle movement
- Typically develops six months after the onset of paralysis and tends to increase for up to two years

Treatment

- Facial retraining may improve expression through muscle coordination
- Botulinum toxin has been shown to temporarily reduce facial spasm and improve synkinesis
- The **UW Health Facial Nerve Clinic** specializes in treatment of synkinesis

What to do before synkinesis develops

- Avoid maximum-effort exercises of facial muscles, which may worsen asymmetry
- Avoid electrical stimulation, which may increase abnormal movements
- Softly and gently stroke affected side of the face, as this may help brain’s sensory awareness of that side and promote more normal recovery

Patient referrals

To refer a patient, please call the Facial Nerve Clinic at **(608) 263-6190**.

For more information, visit uwhealth.org/facialnerve