In our opinion, pretrarsal injections of BTA into the upper eyelid are sufficient to obtain optimum results in patients with blepharospasm and eyelid freezing. There is usually no reason or need to additionally inject the preseptal or orbital portion of the orbicularis oculi. Our results are similar to those of Aramidieh et al., even though we have not employed an EMG guided approach. It is unlikely that the use of EMG would further enhance the already highly successful response rate.

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NOTICES

Announcement from the British Neuro-psychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14-16 July at Robinson College, Cambridge. It will include topics on neurodevelopment, language, and the presentation of short scientific papers and single case videos by members. The Association’s AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clockwork Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 0117 701212 ext 2925/2929 or Sue Garratt at the address given above.
Pretarsal injection of botulinum toxin for blepharospasm and apraxia of eyelid opening.

J Jankovic

J Neurol Neurosurg Psychiatry 1996 60: 704
doi: 10.1136/jnp.60.6.704

Updated information and services can be found at:
http://jnnp.bmj.com/content/60/6/704.citation

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