Recognizing Hemi-hypomimia as a Mimic of “Facial Weakness”
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A patient (figure 1, patient A) is evaluated in a neurology clinic with a history of Parkinson’s disease three-years prior. Examination demonstrated resting unilateral facial droop involving both the upper and lower face with reduced and slowed facial muscle activation of the same side. Patient had not previously noted this facial asymmetry and upon looking at old pictures appears to have developed slowly over the course of many months. What is the most likely etiology of this patient’s facial asymmetry?

A. Manifestation of hypokinesia and bradykinesia upon facial musculature
B. Inflammation of cranial nerve VII secondary to reactivation of varicella zoster virus
C. Vascular permeability among subcutaneous tissue of the face
D. Ischemia of motor cortex
E. Compression of cranial nerve VII secondary to facial nerve schwannoma

Explanation: Among Parkinson’s disease patients, slow development of facial asymmetry associated with decreased and slowed facial muscle activation most likely represents hypomimia, which when unilateral can be called hemihypomimia [1].

References: