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Imaging in Hemifacial Spasm and Hypertension

E.K. Tan, L.L. Chan

Departments of Neurology and Diagnostic Radiology,
Singapore General Hospital, Singapore, Singapore

Dear Sir,

We read with interest the recent article by Nakamura et al. [1] where they showed an association of left rostral ventrolateral (VLM) compression with arterial hypertension in patients with left hemifacial spasm (HFS). They also demonstrated a significantly higher percentage of VLM compression in hypertensive HFS patients compared to patients without (84 vs. 46%). The findings by Nakamura et al. [1] corroborate with our previous study which showed that 77.5% of our hypertensive HFS patients had VLM compression compared to 53% of age, gender and severity-matched HFS patients without hypertension [2]. However, though the left-sided VLM compression was higher in the hypertensive than nonhypertensive patients, the difference was not significant. The severity of VLM compression was significantly higher in patients with hypertension [2].

While surgical decompression of the left VLM has led to normalization of blood pressure in hypertensive patients with neurovascular syndromes [3, 4], based on current evidence, it is still not conclusive that left-sided compression is more clinically significant than right-sided compression.

Further validation of the association between VLM compression in hypertensive HFS patients within the same and across different populations is warranted.

References

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Eng-King Tan, MD, FRCP, FAMS

Department of Neurology, Singapore General Hospital
National Neuroscience Institute, Outram Road
Singapore 169608 (Singapore)

Tel. +65 6326 5003, Fax +65 6220 3321, E-Mail gnrtek@sgh.com.sg