Marin-Amat syndrome: a case of acquired facial synkinesis

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DESCRIPTION

Marin-Amat syndrome is a form of acquired facial synkinesis manifesting as involuntary eyelid closure on jaw opening. This often occurs following the aberrant regeneration of the facial nerve after a peripheral facial palsy.¹ It is less recognised form of oculofacial synkinesis than the more well-known Marcus-Gunn-jaw-winking phenomenon (MGJWP), wherein there is eyelid elevation on the ipsilateral contraction of the lateral or medial pterygoid muscle.^{1 2} The synkinetic movements in Marin-Amat syndrome are opposite to that seen in MGJWP.¹ This had sometimes led to a confusion in the literature regarding another form of synkinesis called the inverse Marcus-Gunn phenomenon/syndrome. The mechanism of synkinesis are different in both, and the term inverse Marcus-Gunn syndrome should be reserved only for a congenital lesion, where the mechanism of lid closure is because of inhibition of the levator palpebrae superioris rather than orbicularis oculi contraction as seen in Marin-Amat syndrome (figure 1).^{1 2} Most patients with minor cosmetic deformity do not need treatment, but in some cases botulinum toxin or eyelid surgery may be helpful.³

We describe a case of Marin-Amat syndrome in a woman who developed right-sided Bell's palsy 9 years ago. She made a reasonable recovery but persists of have synkinesis with jaw opening causing

right eyelid closure. This has caused cosmetic disfigurement and she feels awkward in social gatherings. She is self-conscious when her photographs are taken and tends to turn her head to the left to avoid presenting the right side of face.

Learning points

- ▶ Marin-Amat syndrome is a form of acquired oculofacial synkinesis due to aberrant regeneration of facial nerve manifesting as involuntary eyelid closure on jaw opening.
- ▶ The eyelid closure occurs due to orbicularis oculi contraction rather than inhibition of levator palpebrae superioris as is seen in inverse Marcus-Gunn syndrome.
- ▶ There can be cosmetic disfigurement and in some cases treatment with botulinum toxin injections or eyelid surgery may be helpful.

Competing interests None.

Patient consent Obtained.

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Figure 1 The classical presentation of Marin-Amat syndrome showing oculofacial synkinesis with right eyelid closure on jaw opening.

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