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. 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. The synkinetic movements in Marin-Amat syndrome are opposite to that seen in MGJWP. 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. Most patients with minor cosmetic deformity do not need treatment, but in some cases botulinum toxin or eyelid surgery may be helpful.

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.
Provenance and peer review Not commissioned; externally peer reviewed.

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

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