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A Case of Pretarsal Blepharospasm Presenting as Apraxia of Lid Opening

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Blepharospasm and apraxia of lid opening(ALO) are non-paralytic causes of involuntary eyelid closure. Clinically it is difficult to differentiate blepharospasm and ALO, and these two conditions are sometimes associated. We report a case of pretarsal blepharospasm presenting as apraxia of lid opening. 55-year-old woman was noted to have voluntary eye opening difficulty. We synchronously record the electromyographic(EMG) from the levator palpebrae superioris and the orbicularis oculi muscles in this patient. This results suggested that she has a variant of blepharospasm due to abnormal contraction in the pretarsal orbicularis oculi.

Key Words: Blepharospasm, Apraxia of lid opening, EMG

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(Meige's syndrome)
                   (involuntary eyelid closure)
                         (supranuclear)
                                                 (ble-
pharospasm)
                                (apraxia of lid open -
ing; ALO)
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  가
                                               rostral
                                                            (pretarsal blepharospasm)
brainstem,
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                가
                                                              (pretarsal blepharospasm) 1
         , Shy - Drager
                    (orbicularis oculi)
(involuntary spasm)
                                                              55
                                                                        가 3
                                                                         (volunatary eye-open initiation)
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Post-inhibition potentiation

A Involuntary spontaneous blinking 1. 1 to 0 100 to 100

Figure 1. The interictal EMG shows normal reciprocal inhibition between levator palpebrae(LP) and orbicularis oculi(OO) with post-inhibition potentiation(curved arrow). A) The EMG shows normal finding at blinking. B) The EMG shows normal finding for eye closing. When the patient was asked to close the eyes, the LP activity ceased(white arrow).

. 2 cm (superior rectus muscle) 기 , 가 (pretarsal part)

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Figure 2. Synchronous EMG from levator palpebrae(LP) and orbicularis oculi(OO) during attack. The EMG shows simultaneous contraction of LP and pretarsal OO(A) with silent preseptal OO(B). There are abnormal pretarsal OO activities which are clearly differentiated from Figure 1-A.

(preseptal part)
(periorbital part)
, ()
(reciprocal inhibition) (Fig. 1). 가

가 , , 가 , (Fig. 2).

. 가 7~10% 가

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가	Charcot's sign	.7				patients. Movemen	ıt
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