

The undesirable wink

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Background: Marin-Amat syndrome is a rare acquired oculofacial synkinesis first reported in 1918. It manifests as involuntary eyelid closure on jaw opening or on lateral movement of the jaw following a peripheral facial nerve palsy. The increased orbicularis tone due to aberrant connections between the cranial nerve (CN) V and CN VII results in an undesirable wink with major psychosocial impact. **Purpose:** Most cases in literature were either observed or administered botulinum toxin injection to the orbicularis muscle. There are few sporadic reports of surgical interventions with successful outcomes. Hence there was a need to generate awareness regarding various modes of management of this rare entity. **Synopsis:** We present a video on the clinical presentation and management of six such patients, of whom one was bilateral. Five patients were females. Traumatic facial nerve paralysis and Bell's palsy was previously diagnosed in one and five patients respectively. The mean age was 52 ± 9.48 years. The mean MRD (margin reflex distance) 1 and MRD 2 was 3.17 ± 0.60 and 5.33 ± 0.65 mm respectively. On smiling or on movement of the jaw the MRD 1 and 2 was reduced by 2.50 ± 0.40 and 1.50 ± 0.40 mm respectively. Of the six patients four patients opted for nil intervention. **Highlights:** Botulinum toxin injection and preseptal orbicularis resection in the upper and lower eyelid along with blepharoplasty was performed in 1 patient each. Satisfactory reduction in the synkinetic movement was achieved in both. Marin-Amat syndrome is a rare often underdiagnosed synkinetic disorder following peripheral facial nerve palsy. Botulinum toxin injection and preseptal orbicularis resection are viable management options. **Video link:** <https://youtu.be/YQbRecp449w>

Key words: Marin-Amat syndrome, Botulinum toxin, orbicularis resection

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