E-Poster

EP-801

Eyelid Myokymia Treated With Ultrasound-Guided Dry Needling: A Case Report

Topic: Injections (Joint, Spine, etc.)

Tzu-Ting Lin, Hsin-Te Lin, Daniel Chiung-Jui Su

Department of Physical Medicine and Rehabilitation, Chi Mei Medical Center, Tainan, Taiwan ROC

BACKGROUND

Eyelid myokymia is the most common facial myokymia, characterized by spontaneous, gentle, rippling muscle contractions, primarily affecting the orbicularis oculi. It's usually unilateral, with the lower eyelid more often involved. Contractions are brief but can last up to weeks. It's commonly linked to fatigue, anxiety, stress, exercise, and excessive caffeine use.

CASE DESCRIPTION

A 27-year-old woman was referred to the physical medicine and rehabilitation (PM&R) clinic with complaints of distressing eyelid twitching. She had received prescription glasses a month prior. She reported that the twitching began in her left lower eyelid, initially not very bothersome, but progressively worsened with time and fatigue, with only minimal relief from rest. She had first consulted the neurology outpatient department and was diagnosed with eyelid myokymia. She was reassured and advised to reduce work time, cut back on caffeine, and get more rest. However, her symptoms persisted, with worsening eyelid twitching and increasing eye strain. As a result, she sought further treatment at the PM&R clinic. Physical examination revealed increased tension in the superficial musculoaponeurotic system (SMAS). SMAS manipulation and ultrasound-guided dry needling was performed to release the tension in the SMAS layer over the lower eyelid. Additionally, the physician recommended adjusting her new glasses. Following the treatment, the frequency and intensity of the twitching decreased immediately. The eyelid myokymia completely resolved one week after the glasses adjustment.

DISCUSSION

Conservative management is recommended for isolated eyelid myokymia, including rest and reducing risk factors like alcohol, smoking, and caffeine. If symptoms persist for over three months, botulinum toxin injections are the first-line and highly effective treatment. In this case, a physical examination revealed increased tension in the SMAS, particularly in the temporal area. Manual manipulation to release superficial fascia tension and ultrasound-guided dry needling at the twitching site were performed, resulting in immediate effects.

CONCLUSION

Eyelid myokymia is often linked to fatigue, stress, caffeine, or eye irritation. Persistent cases may indicate neurological conditions or medication effects. Most resolve with rest, but prolonged symptoms may require medical evaluation, with botulinum injections or dry needling as potential treatments.

Statement of Disclosures

None

Corresponding Author:
Tzu-Ting Lin
Department of Physical Medicine and Rehabilitation, Chi Mei Medical Center, Tainan, Taiwan ROC
Email: cmu104001405@gmail.com

Doi: 10.5606/archisprm.2026.EP-801