

## Bilateral Pallidal Stimulation in Treatment of Meige Syndrome

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**Introduction:** Meige syndrome (MS) is characterized by blepharospasm, facial, oromandibular, and often cervical dystonia. The medical treatment of this condition is challenging and unsuccessful long-term. Recent case reports and small clinical series have shown that bilateral deep brain stimulation (DBS) of the globus pallidus pars interna (GPi) improves dystonic features of MS validated by the Burk-Fahn-Marsden Dystonia Rating Scale (BFMDRS).

**Methods:** We report on our experience in using bilateral GPi DBS in 3 cases of MS. We present the short-term (3 months) follow-up as well long-term (from 8 months to 36 months) results. Preoperative and postoperative BFMDRS assessments were performed on each patient. The postoperative BFMDRS scores

were done when both stimulators were switched on and compared to the baseline scores.

**Results:** Bilateral GPi DBS reduced the BFMDRS total movement score by 66% at the short-term follow-up, and by 75% at the long-term follow-up when compared to the baseline scores. The BFMDRS total disability score was reduced by 34% at the short-term follow-up, and by 47% at the long-term follow-up when compared to baseline scores.

**Conclusions:** Our results showed that bilateral GPi DBS in MS is effective and safe, if conservative treatment options have failed. The benefit is not only observed at short-term, within a 3-month period but is maintained at long-term follow-ups ranging from 8 to 36 months.

**Key words:** Meige syndrome, pallidal stimulation