Turk Neurosurg, 2026
DOI: 10.5137/1019-5149.JTN.47634-24.0

Letter to Editor

Received: 19.09.2024
Accepted: 31.10.2025
Published Online: 16.01.2026

Microvascular Decompression for Hemifacial Spasm without the Use of Neuromonitoring and Fix Retraction: A Single-Center Experience

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Dear Editor,

I have read with interest the article by Pusat et al. (2), which presents a single-center experience of microvascular decompression (MVD) for hemifacial spasm (HFS) without the use of neuromonitoring. While the authors assert that the disappearance of lateral spread response (LSR) during surgery does not correlate with postoperative symptom relief, our clinical experience contradicts this finding.

Our institution has a longstanding practice of utilizing intraoperative neuromonitoring for HFS surgeries. Our data, accumulated over years of meticulous monitoring, indicate that the elimination of LSR intraoperatively is closely associated with positive patient outcomes. Most of our patients experience significant symptom relief following surgery, aligning with the disappearance of LSR. This observation is supported by the systematic review and meta-analysis conducted by Thirumala et al. (3), which assigns a high negative predictive value, nearing 93% to 96%, to the absence of LSR in the operating room. The study concludes that persistent LSR is a significant risk factor for the continued presence of HFS, with a probability of symptom persistence ranging from 24.4% to 47.8% when LSR does not resolve (3). Pusat et al. believe that the disappearance of LSR may not be related to postoperative symptom relief, possibly because some HFS patients have a dual pathology involving both vascular compression and hyperexcitability of the facial nerve nucleus (1). However, this does not deny the importance of neurophysiological monitoring during surgery.

In conclusion, our experience and the literature support the continued use of LSR monitoring during MVD for HFS, as it is helpful to achieve better surgical outcomes and patient satisfaction. We are eager to engage in further discussions on surgical techniques and neurophysiological monitoring.

Declarations

Funding: This study has received funding from Scientific Research Fund of Wuhan Health Commission (WX21D68).

Availability of data and materials: The datasets generated and/or analyzed during the current study are available from the corresponding author by reasonable request.

Disclosure: The authors declare no competing interests.

AUTHORSHIP CONTRIBUTION

Study conception and design: XH
Data collection: DL
Analysis and interpretation of results: XH
Draft manuscript preparation: DL
Critical revision of the article: SQ
All authors (XH, DL, SQ) reviewed the results and approved the final version of the manuscript.

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