

Hemifacial Microsomia in an Adult

Adil Hajar*; Jroundi Laila; Laamrani FZ

Department of Emergency, Ibn Sina University Hospital, Faculty of Medicine, Mohammed V University, Rabat, Morocco.

***corresponding author:** Adil Hajar, Department of Emergency, Ibn Sina University Hospital, Faculty of Medicine, Mohammed V University, Rabat, Morocco.

Email: hajaradil1991hajara@gmail.com

Published Date: July 16, 2021

Keywords: Hemifacial macrosomia; Microtia; Middle ear malformation.

Clinical Image

Hemifacial microsomia is characterized by unilateral underdevelopment of the craniofacial skeleton, external ear, and facial soft tissues. It is the second most common facial birth defect after clefts. HFM is mainly unilateral with a predilection for the right side. In 55% of cases, HFM is associated with extracranial anomalies.

CT is the key imaging technique to assess HFM and help evaluate the extent of associated deformities. CT features variably include:

- Shortened mandibular ramus with mandibular condyle hypoplasia associated with chin deviation towards the affected side. The temporomandibular joint deformity is variable.
- Reduced height of the maxilla, zygomatic hypoplasia.
- microtia or anotia with malformation of the middle ear, lack of pneumatization of the mastoid air cells.
- orbital malformation, facial musculature hypoplasia may be associated.



Figure 1: 3D CT Volume rendering images showing reduced height of the left mandibular ramus with chin deviation towards the left side associated with temporomandibular joint malformation and zygomatic hypoplasia (red circle).

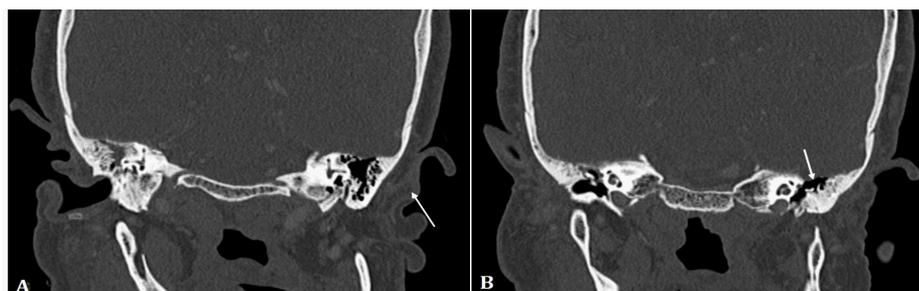


Figure 2: Coronal CT scan images showing microtia with absence of middle ear ossicles and external auditory canal atresia (arrows).

Citation: Hajar A, Laila J, Laamrani FZ, (2021). Hemifacial Microsomia in an Adult. An eBook on Medical Images, Austin Publishing Group. Vol. 1, Chapter 1, pp. 1.