E-Poster

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Rehabilitation in Reanimation Surgery of Peripheral Facial Palsy After Facial Schwannoma Resection

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Facial paralysis (FP) has a negative impact on both appearance and communication, affecting an individual's physical, social and emotional wellbeing. When FP is expected to worsen until it becomes complete and irreversible, as in facial nerve schwannomas, facial reanimation surgery through muscle transfers restores the movement in the paralyzed face significantly improving quality of life.

CASE DESCRIPTION

A 31-year-old woman with a history of a two-year progressive left facial paralysis House Brackmann (HB) III and Sunnybrook Facial Grading System (SFGS) 63 due to retroparotid facial schwannoma underwent neuroma excision and facial reanimation surgery by microvascularized gracilis free flap with anastomosis of the obturator nerve to the masseterine nerve, neurorrhaphy of the facial nerve trunk to the ophthalmic branch with a jump interpositional sural nerve graft and gold weight eyelid surgery.

After surgery she was referred to the Rehabilitation department with a complete FP HB VI and SFGS 5. She initially received botulinum toxin injections in the non-paralyzed face. Four months after surgery started to move left mouth corner and nine months after surgery voluntary eye closure.

After 24 months follow-up and specific physical therapy by neuromuscular retraining to learn "bite to smile" and eye closing exercises she has symmetric resting tone, complete eye closure, symmetric smile excursion with and without masseteric activation, (she learned to dissociate facial and biting movements) and good oral competence. The reinnervation of the upper face allowed the removal of the gold eyelid weight at 22 months. There is no significant morbidity regarding mastication or biting strength. Mild synkinesis is present in mentalis that requires botulinum toxin injections. The facial function scales confirmed reasonable outcomes achieving HB Grade II in HB and SFGS 75.

DISCUSSION

Extratemporal facial neuromas are very rare benign tumors that progressively and irreversibly damage facial muscles. Total resection with section of the facial nerve and complete facial paralysis is the only curative option. There is no gold standard surgical treatment for these patients. In the case we presented a gracilis free flap muscle transfer was performed for midface and a jump interpositional sural nerve graft for upper face restoration.

CONCLUSION

Facial paralysis is a complex entity that affects both physically and aesthetically, impairing a patient's quality of life. Facial function can be restored through different techniques within a multidisciplinary approach including muscle transfers, nerve grafts, static surgery, specific and individualized physical therapy and botulinum toxin injections.

Statement of Disclosures

None

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