E-Poster

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Improved Functionality After Botulinum Toxin Application in Bilateral Peripheral Facial Paralysis

Topic: Injections (Joint, Spine, etc.)

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BACKGROUND

We present two patients with bilateral facial paralysis of different etiologies:

A 40-year-old male. He presented with Bell-type peripheral facial paralysis on the left in 2002. In June 2005, he presented with Bell-type peripheral facial paralysis on the right. The patient presented with the following on physical examination:

- Peripheral facial paralysis D in the reinnervation phase.
- Peripheral facial paralysis I with deficits in the lower half of the face (with preferential impairment of smile function and lip wrinkle). In this half of the face, he presented predominantly mouth-eye synkinesis, which caused eye closure during mastication, yawning, and speech, making social interaction difficult for the patient. He also presented sustained muscle contraction (MMC), primarily of the zygomatic and platysma muscles.

CASE DESCRIPTION

A 26-year-old female patient presented with bilateral peripheral facial paralysis secondary to Guillain-Barré syndrome (Miller-Fisher variant) in 2004. Physical examination revealed a large zygomatic and platysma joint in both sides of the face (R>L), which caused a lack of dissociation between the upper and lower sides of the face during mastication, speech, and other activities, impeding proper function.

Both patients received different injection points (2.5 units per inoculated point), as follows:

1. Orbicularis oculi and platysma of both sides of the face (6 points on the left and 7 points on the right).
2. Orbicularis oculi and platysma of both sides, as well as the right mentalis (8 points on the left and 6 points on the right).

DISCUSSION

We have observed that bilateral peripheral facial fractures of any etiology exhibit good facial symmetry, given that both synkinesis and muscle contracture provide balance between both sides of the face. However, in the sequelae phase, there is, from an objective perspective, significant mass mobility due to the joint participation of agonist and antagonist muscles. From a subjective perspective, there is a feeling of discomfort due to stiffness caused by this muscle contracture, which makes eye opening difficult, and the lip wrinkle appears, negatively influencing swallowing, chewing, speaking, and even vision patterns.

CONCLUSION

In these patients, after botulinum toxin injection, an increase in functionality has been achieved from both an objective and subjective perspective, and therefore, the level of discomfort has decreased from severe to mild, providing a higher personal and social-family quality of life.

Statement of Disclosures

None

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