Surgical outcomes in facial nerve palsy of various aetiology

Abstract:

Statement of the problem: Facial nerve is the seventh cranial nerve innervating mainly muscles of face. It is involved by various etiological factors. Various components of facial nerve are

1) Motor-muscles of face

2) General sensory-Small area of ear canal skin

3) Special sensory-Taste sensation in anterior third of tongue

4) Autonomic-secretomotor function of lacrimal gland

Loss of motor function of facial nerve results in deviation of face and incomplete closure of the eye, loss of special sensory function may lead to loss of taste sensation, loss of autonomic function leads to decreased lacrimation, loss of general sensory function leads to loss of sensation in ear canal skin. Of all the functions of facial nerve most important is the motor function as it leads exposure keratitis (due to incomplete closure of eye) and loss of self-confidence / self-esteem of an individual (deviation of face)

Facial nerve is affected by various etiological factors like Cholesteotoma, malignant otitis externa, trauma etc. Most of the times facial nerve palsy cases are treated by conservative means such as systemic steroids and physiotherapy. Few cases do respond and recover but considerable number of patients end up having residual weakness. Therefore Facial nerve cases should be treated by conservative means till an optimal time and if the improvement is not satisfactory need to be intervened surgically. Surgical intervention by decompression or grafting gives better and quicker recovery than conservative treatment alone. This paper is to emphasize the same.

Methodology and theoretical Orientation: It's a prospective study. All the patients with facial nerve palsy attending ENT OPD and those with traumatic facial nerve referred from neurosurgery departments who have not shown satisfactory improvement in spite of optimal conservative treatment have been taken up for surgical intervention. This paper is to discuss the importance of surgical intervention in cases which do not respond to conservative means.

Findings: 26 cases of facial nerve palsy were taken for the study. Causes for palsy in decreasing order were were traumatic, chronic suppurative otitis media, iatrogenic, malignant otitis externa, idiopathic. All the cases were given trial of conservative treatment and were considered for surgical intervention. House-Brackmann grading system of facial nerve is taken to study improvement. 90% of cases recovered to grade 2 to3 and 10% cases recovered upto grade 5.

Conclusion and significance: Facial nerve palsy cases were once treated by conservative means only. Surgical intervention was not considered as a treatment option. This paper is to study role of surgical intervention in cases which received conservative treatment for optimal time but did not recover satisfactorily. Such cases were operated and studied to show that such cases with incomplete recovery also showed good improvement. Therefore surgical intervention should be

considered after considered after optimal conservative management a s definitive treatment option.

Images:




Pre-op post-op




Pre-op Post-op

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Biography:

*Dr Ahmed Abdul Khabeer completed Masters degree qualification in otorhinolaryngology and acquired additional qualification of Fellowship in Advanced Micro Ear Surgery, Global Online Fellowship Head & Neck Surgery and Oncology (MSKCC group, USA), fellowship Diploma Skull Base Surgery.

*Currently working as Asst Professor of ENT Head&Neck Surgery,Gandhi Medical College, Hyderabad

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*Member of professional bodies like Indian Society of otology, Indian Medical Association, Cochlear Implant Group of India etc

*Designed a flap to reconstruct the defect formed after resection of pre auricular sinus which is named as “KHABEER’s Flap”