Facial nerve grading system

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At the Annual Meeting of the American Academy of Otolaryngology—Head and Neck Surgery, the Facial Nerve Disorders Committee adopted a universal standard for grading facial nerve recovery. This standard is based on articles by us.[1,2] It is intended for use when a patient's facial nerve recovery is being assessed.

The system involves a six-point scale with I being normal and VI total, flaccid paralysis (Table 1). Those who have their own method of assessing facial nerve recovery are encouraged to convert their results to this six-point scale, which will be required when results are reported in Otolaryngology—Head and Neck Surgery.

To assist in placing patients in the proper group, an easy method of measuring facial movement has been developed by one of us (D.E.B.). This system involves

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Table 1. Facial nerve grading system

Grade	Description	Characteristics
I	Normal	Normal facial function in all areas
II	Mild dysfunction	Gross: slight weakness noticeable on close inspection; may have very slight synkinesis At rest: normal symmetry and tone Motion Forehead: moderate to good function Eye: complete closure with minimum effort Mouth: slight asymmetry
III	Moderate dysfunction	Gross: obvious but not disfiguring difference between two sides; noticeable but not severe synkinesis, contracture, and/or hemifacial spasm At rest: normal symmetry and tone Motion Forehead: slight to moderate movement Eye: complete closure with effort Mouth: slightly weak with maximum effort
IV	Moderately severe dysfunction	Gross: obvious weakness and/or disfiguring asymmetry At rest: normal symmetry and tone Motion Forehead: none Eye: incomplete closure Mouth: asymmetric with maximum effort
V	Severe dysfunction	Gross: only barely perceptible motion At rest: asymmetry Motion Forehead: none Eye: incomplete closure Mouth: slight movement
VI	Total paralysis	No movement

Table 2. Facial nerve grading systems*

Grade	Description	Measurement	Function (%)	Estimated function (%)
I	Normal	8/8	100	100
II	Slight	7/8	76-99	80
III	Moderate	5/8-6/8	51-75	60
IV	Moderately severe	3/8-4/8	26-50	40
V	Severe	1/8-2/8	1-25	20
VI	Total	0/8	0	0

*Results from other grading systems can be correlated with, and easily converted to, the six-point grading scale.

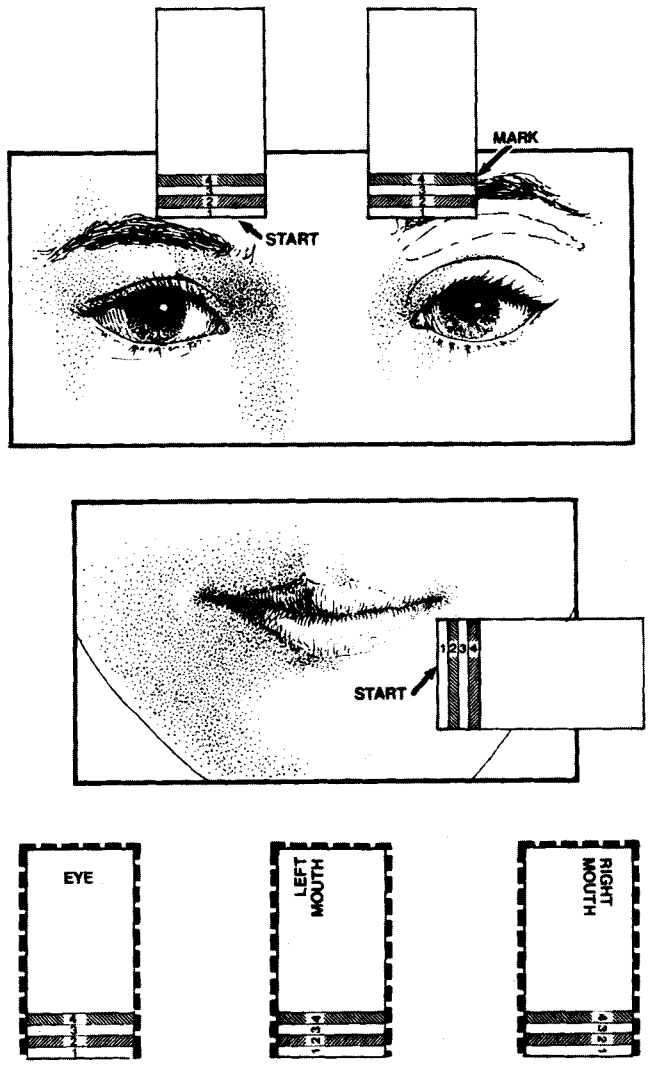

Fig. 1. Measurement of facial nerve function with 1 cm scale divided into four equal parts.

making measurements of the movement of the eyebrow and corner of the mouth and comparing the results with those on the unaffected side (Fig. 1). A scale with 0.25 cm divisions is used for the measurements. There is a total possible score of 8 (4, or 1 cm, for the mouth and 4, or 1 cm, for the eyebrow). These results can easily be converted to the 6-point scale (Table 2).

When the six-point scale is used, most of the categories are straightforward and easy to identify. Group I represents normal facial movement with no weakness or synkinesis. A patient placed in group II would have only slight asymmetry of facial movements with a possible slight synkinesis. The patient in group III has an obvious asymmetry with obvious secondary defects but has some forehead movement. The presence of forehead movement indicates that there has not been total degeneration of the nerve. The patient in group IV has obvious asymmetry, no forehead movement, and weakness with possible disfiguring synkinesis or mass action. When there is only slight movement of the face, no forehead movement, and not enough facial function return to have secondary defects, the patient is in group V. The absence of any movement or tone places the patient in group VI.

The Facial Nerve Disorders Committee has recommended that this system be used when the results of all facial nerve recoveries are evaluated and reported. In this way there will be a universal understanding of the meaning of the results, and various forms of treatment can be better compared.

REFERENCES

1. House JW: Facial nerve grading systems. Laryngoscope **93**:1056-1069, 1983.
2. Brackmann DE, Barrs DM: Assessing recovery of facial function following acoustic neuroma surgery. OTOLARYNGOL HEAD NECK SURG **92**:88-93, 1984.