

Facial reanimation with jump interpositional graft hypoglossal facial anastomosis and hypoglossal facial anastomosis - evolution in management of facial paralysis

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Transposition of the Intratemporal Facial to Hypoglossal Nerve for Reanimation of the Paralyzed Face: The VII to XII Transposition Technique: JAMA Facial Plastic Surgery: Vol 18, No 5

The technique is reserved for facial paralysis patients for whom the proximal nerve stump is unavailable but the facial nerve branches and mimetic muscles remain viable. Nevertheless, classical assessments of quality of life or with PROMs after hypoglossal-facial jump nerve suture are sparse. Hardy R, Perret G, Meyers R 1957 Phrenicofacial nerve anastomosis for facial paralysis.

FACIAL HYPOGLOSSAL ANASTOMOSIS PDF

Methods This is a retrospective study of 13 patients treated for complete facial paralysis in two medical tertiary centers. The masseter nerve has a high density of motor axons, and its transfer to the facial nerve can produce forceful muscle contraction. Under high microscopic magnification, we pass a 7-0 nylon suture through the nerve to isolate 30% to 40% percent of its width.

Hypoglossal

Hwang K, Kim YJ, Chung IH, Song YB. Although not objectively measured, it is our experience that reinnervation of the orbicularis oculi leads to long-lasting improvement in lower eyelid tone.

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The study was approved by the institutional ethics committee and the patients gave their written consent to participate in the research study. Preoperative mean facial asymmetry score with smile was 9. The end-to-end hypoglossal-facial anastomosis is accompanied by hemilingual paralysis, with difficulty in swallowing, chewing and speaking.

Reanimation of the paralyzed face by indirect hypoglossal

However, most of the authors consider gain in rest tonus and facial joint functionality for speech and feeding to be satisfactory results for this technique 2. Follow-up study of spinal accessory-facial nerve anastomosis with special reference to the electromyographic findings.

Reanimation of the paralyzed face by indirect hypoglossal

Preoperative and postoperative photography and videography were reviewed. The youngest patient in this series with the highest potential for neural plasticity was 3 years old at the time of his reanimation procedure following complete resection of the facial nerve for a geniculate schwannoma.

Outcome of different facial nerve reconstruction techniques

Data are presented for mean FAI scores preoperatively and postoperatively at rest solid line and with dynamic movement or smile dashed line. Motion developed an average of 5.

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