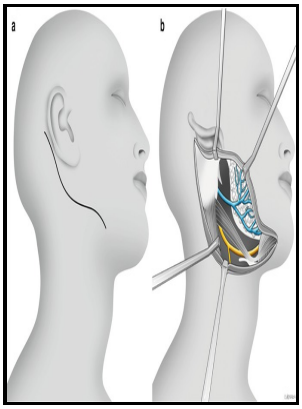
Facial reanimation with jump interpositional graft hypoglossal facial anastomosis and hypoglossal facial anastomosis - evolution in management of facial paralysis

Published on behalf of the Triological Society by Lippincott Williams & Wilkins - A comparative retrospective study: hypoglossofacial versus masseterofacial nerve anastomosis using Sunnybrook facial grading system



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Outcome of different facial nerve reconstruction techniques

Also, eight 73% of them had synkinesis, two cases 18% had facial contracture and synkinesis, and one case 9% had no problem. The FaCE scores range from 0 worst to 100 best. Reconstruction of complex peripheral facial nerve defects by a combined approach using facial nerve interpositional graft and hypoglossal-facial jump nerve suture.

Hemihypoglossal–Facial Nerve Anastomosis for Facial Nerve Reanimation: Case Series and Technical Note

Em relação à transferência do nervo hipoglosso facial com o uso de diferentes modificações, obtivemos função facial HB grau III em nove pacientes e HB grau IV em dois pacientes. The technique is reserved for facial paralysis patients fow whom the proximal nerve stump is unavailable but the facial nerve branches and mimetic muscles remain viable.

Hemihypoglossal–Facial Nerve Anastomosis for Facial Nerve Reanimation: Case Series and Technical Note

We then section the most posterior and most lateral funiculus. Paper presented at: Annual Meeting of the American Society for Reconstructive Microsurgery; January 11, 2003; Kauai, Hawaii. Conclusion: Among various reanimation techniques, when indicated, direct end-to-side facial-hypoglossal anastomosis through epineural suturing is the most effective technique with excellent outcomes for facial reanimation and preservation of tongue movement, particularly when performed as a primary technique.

Facial Reanimation Using the Masseter

Both movement and functionality of the tongue were preserved in all cases. In general, a facial nerve reconstruction technique was chosen if electromyography EMG confirmed a complete denervation of facial musculature or of parts of the facial musculature. In recent years a number of different surgical approaches have been introduced with a view to avoiding the complete section of the hypoglossal nerve, such as the Jump Graft technique.

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

An example of neural plasticity evoked by putative behavioral demand and early use of vibrissal hairs after facial nerve transection. Facial nerve paralysis was present for a mean duration of 11.

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