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VII Nerve Palsy: More than meets the eye

Samuel A Gallo MD

VII Nerve is a mixed nerve

• Motor

- Muscles of facial expression, Stylohyoid muscle, posterior belly of the digastric, and the stapedius
- Sensory
 - Anterior 2/3rd of tongue
 - Preganglionic parasympathetic fibers innervating the submandibular, sublingual, and the lachrymal glands
 - Also the mucous membranes of the nose, palate and oropharynx

VII palsy

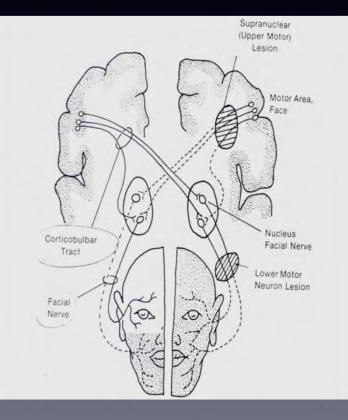
- Seven nerve palsy generally refers to weakness of the facial muscles
 - Permanent or temporary
 - Complete or partial

Causes of VII palsy

- Central/Intracanial
 - Disease states such as MS, GB (esp Miller-Fisher variant)
 - Acoustic Neuroma or other tumors
- Peripheral
 - Parotid tumor, Invasive skin Ca
 - Bell's Palsy

Central vs peripheral

 The major clinical difference between central and peripheral is in a central lesion the contralateral upper face will be unaffected

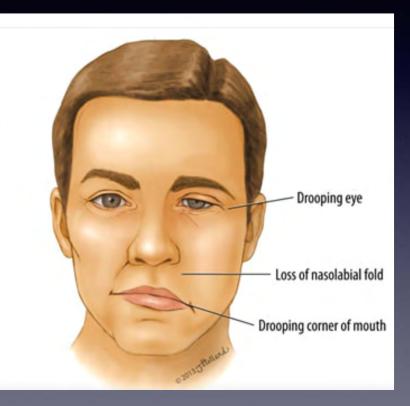




Acoustic neuroma patient

Bell's Palsy

- Bell's palsy is an unexplained episode of facial muscle weakness or paralysis
 - It begins suddenly and worsens over 48 hours









Tx for Bell's palsy

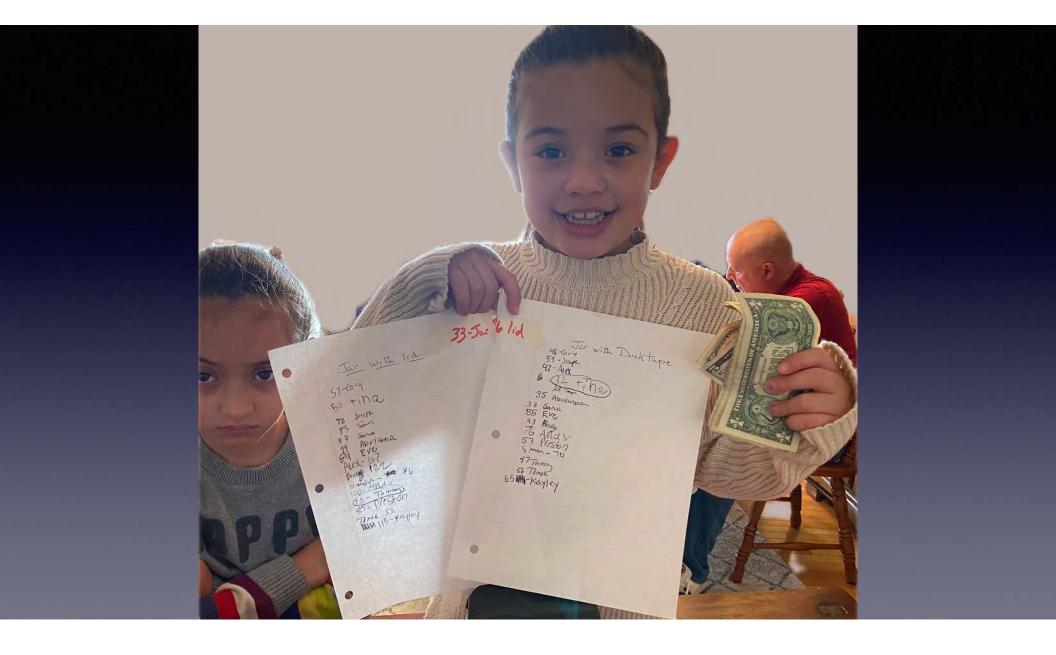
- 40-60mg prednisone for 7 days
- Antiviral such as acyclovir 800mg tid for 7 days

Facial palsy affects people

Physical issues

• Emotional issues

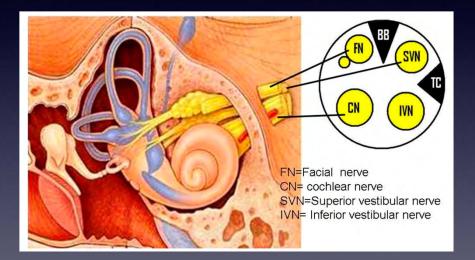
- Facial Expression
 - The Mimetic muscles are important in nonverbal communication and conveying tone and emotion



- Eating and drinking
 - Weakness of the cheek and lip seal make things difficult such as
 - Eating and retaining food
 - Biting cheek
 - Using straw

- Dental issues
 - Decreased Saliva production make more prone to decay
 - More difficult to brush teeth

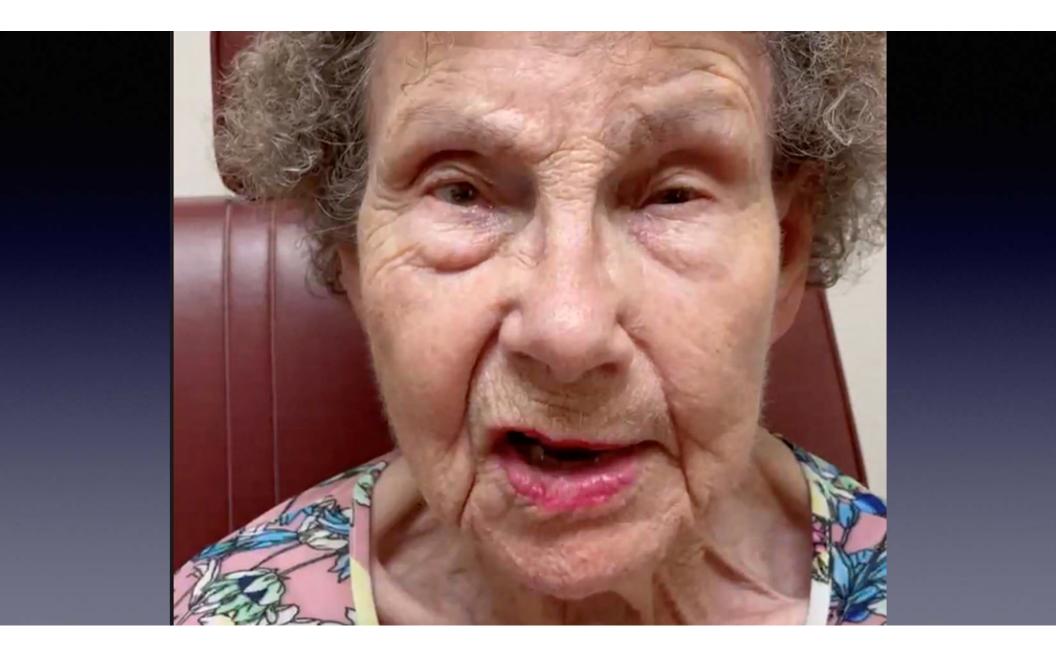
- Hearing
 - The stapedius muscle can be affected making noises seem louder on the affected side



• Speech

• Weak, muffled , and distorted

- Spasm
 - When the seventh nervous is injured,
 - hemi facial palsy can ensue



- Synkinesis
 - Most common example that we see is a reverse jaw wink, that is when a patient smiles their eye closes.
 - Can use judicious Botox



- Difficultly breathing on the affected side
 - Weight of flaccid muscles
 - Loss of muscle tone in the ala and sidewall (Nasalis muscle)



Emotional Issues

- Bullying
- Forming friendships
- Dating
- Anxiety and Depression

Surgical rehabilitation

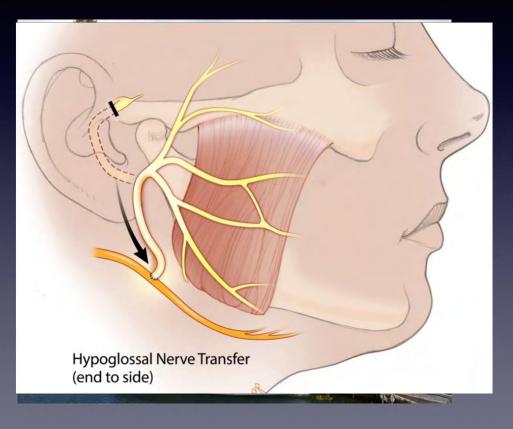
- Dynamic
 - Nerve or Muscle transfer
 - Best done within two years of injury
- Static
 - Sling
 - SMAS rhytidectomy

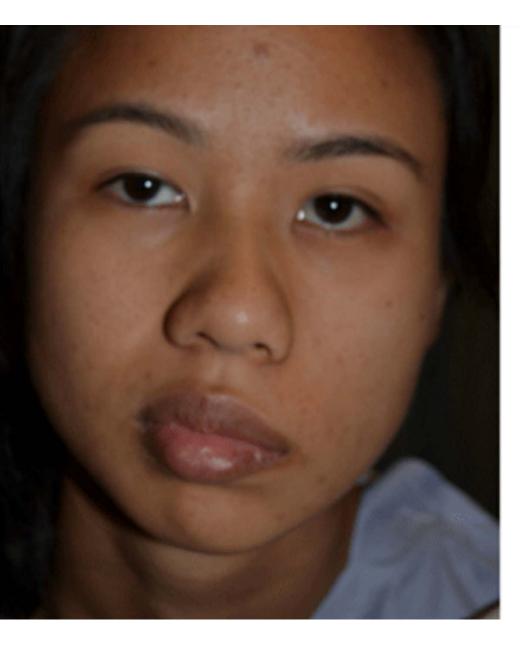
Dynamic Rehab

- Hypoglossal nerve transfer
- Masseteric nerve transfer
- Dual nerve transfer (hypoglossal and masseteric)
- Gracilis free flap
- Temporalis tendon or muscle transfer

Hypoglossal nerve transfer

• Give good static tone for facial symmetry

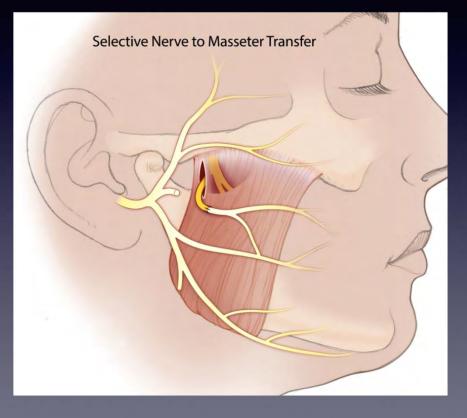






Masseteric nerve transfer

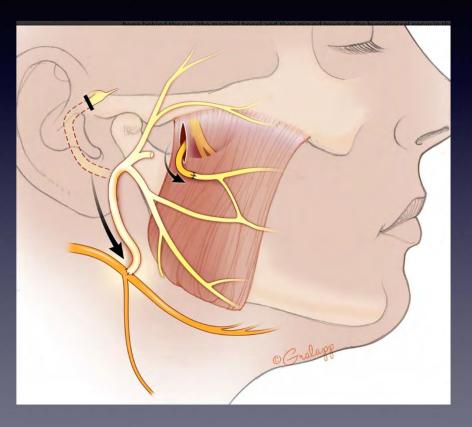
- Can give patient ability to smile
 - Zygomatic Major and minor





Dual Nerve Transfer

- Gives excellent tone at rest/facial symmetry
- Gives patient ability to smile
 - Zygomatic Major and minor





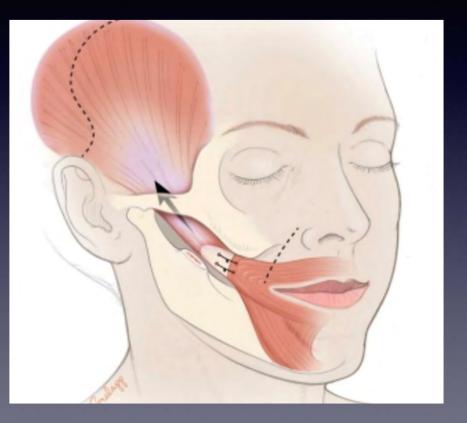
Gracilis free flap

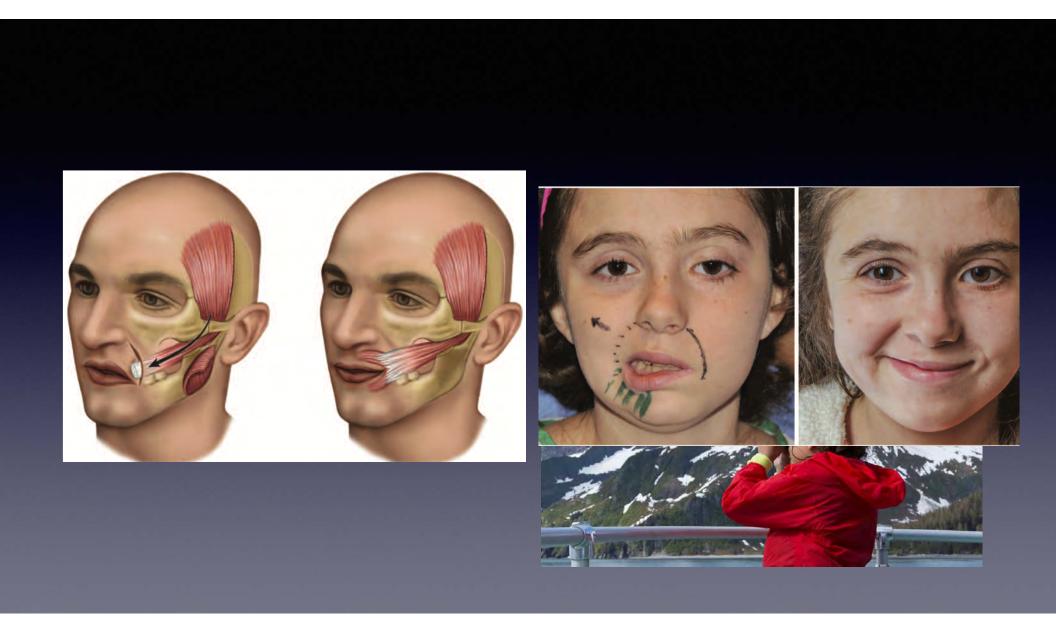
• Generally reserved when there is loss of facial musculature or information the distal end of seventh nerve is no longer intact



Temporalis muscle/tendon transfer

 The temporals muscle/or tendon may be transferred to corner of mouth on affected side





Static Slings

- Can be used to elevate corner of mouth and nose
 - Can be done any time



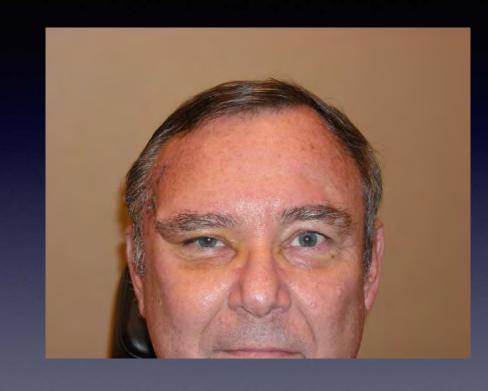
Other states and ancillary procedures

- Rhytidectomy
- Raising corner of mouth
- Lip roll
- Botox

Personal clinical examples

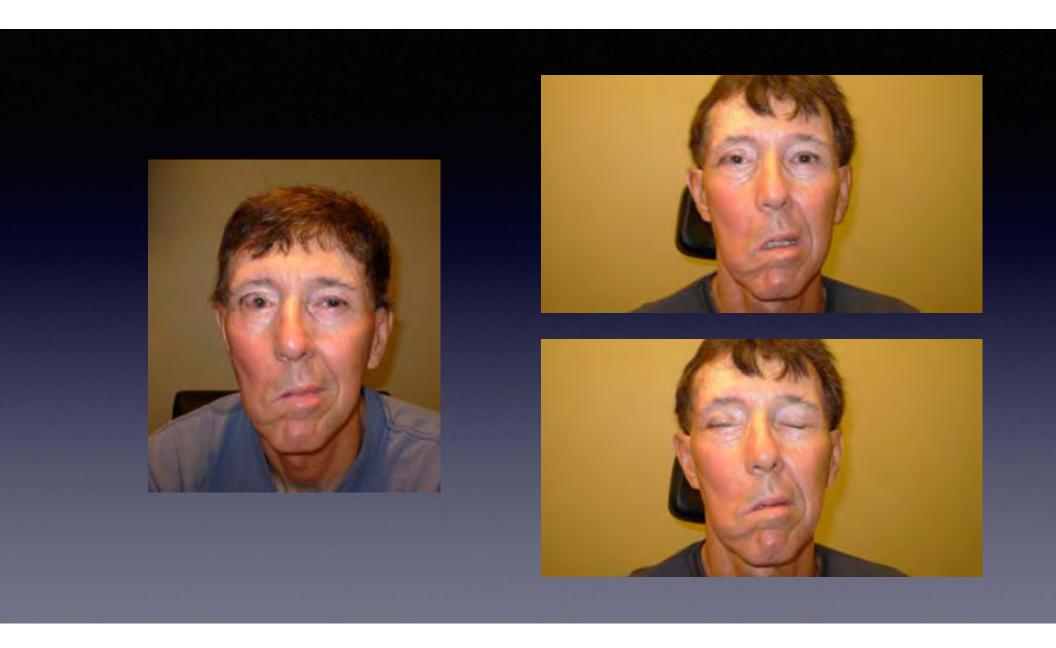








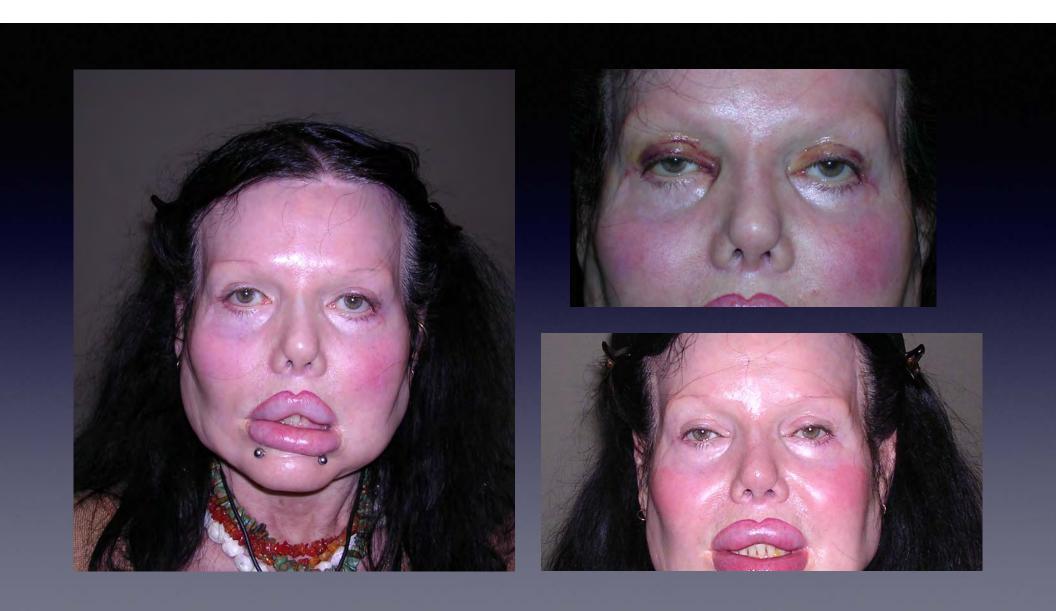


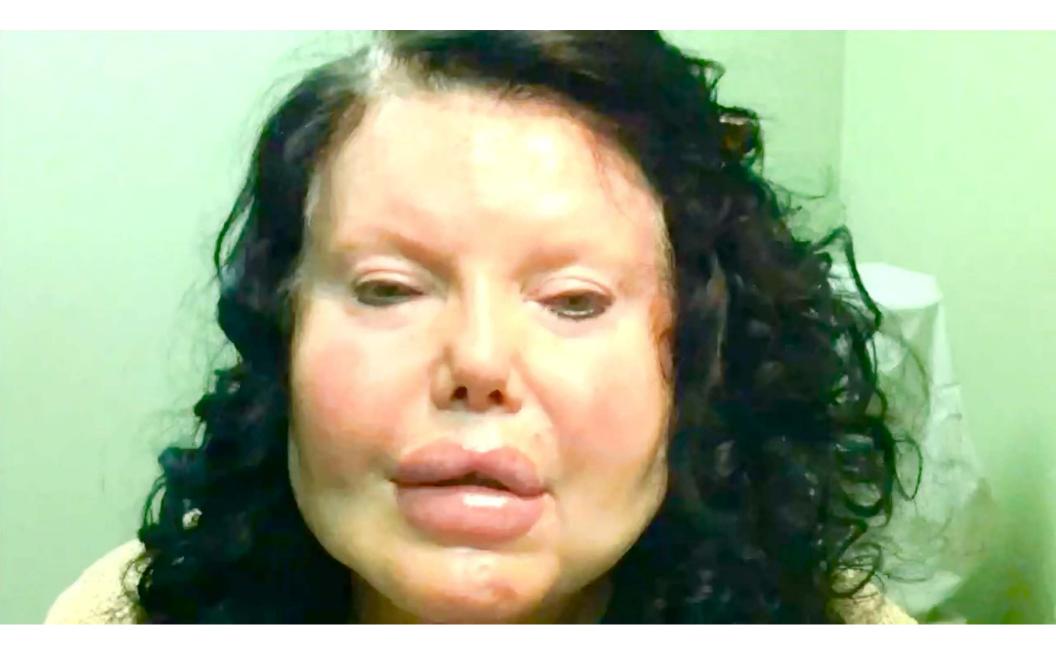






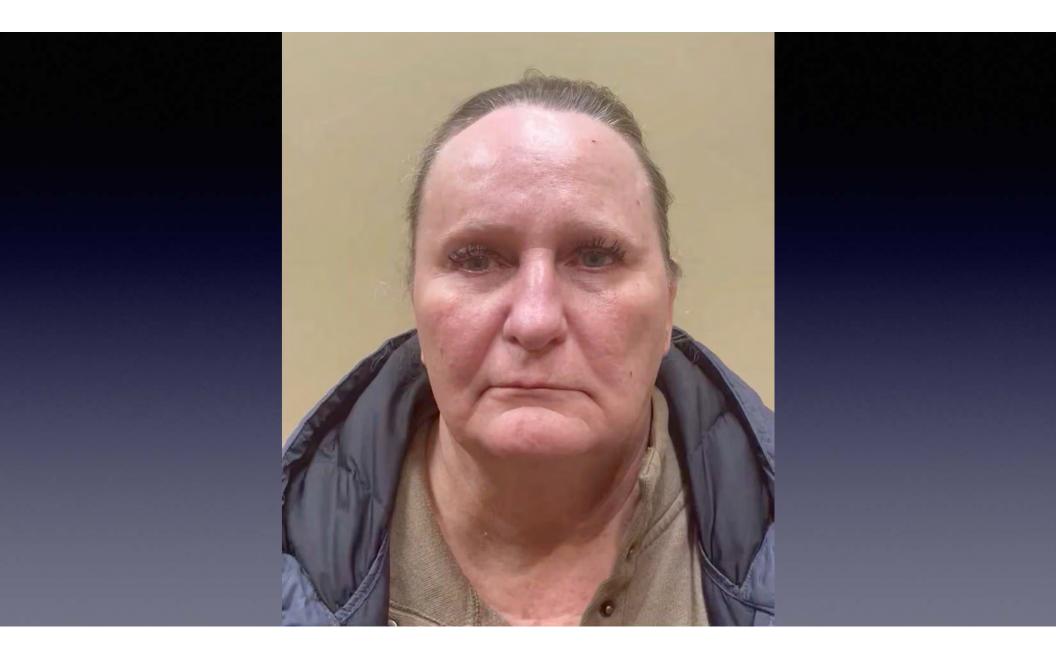








Patient s/p Bell's with weakness and synkinesis

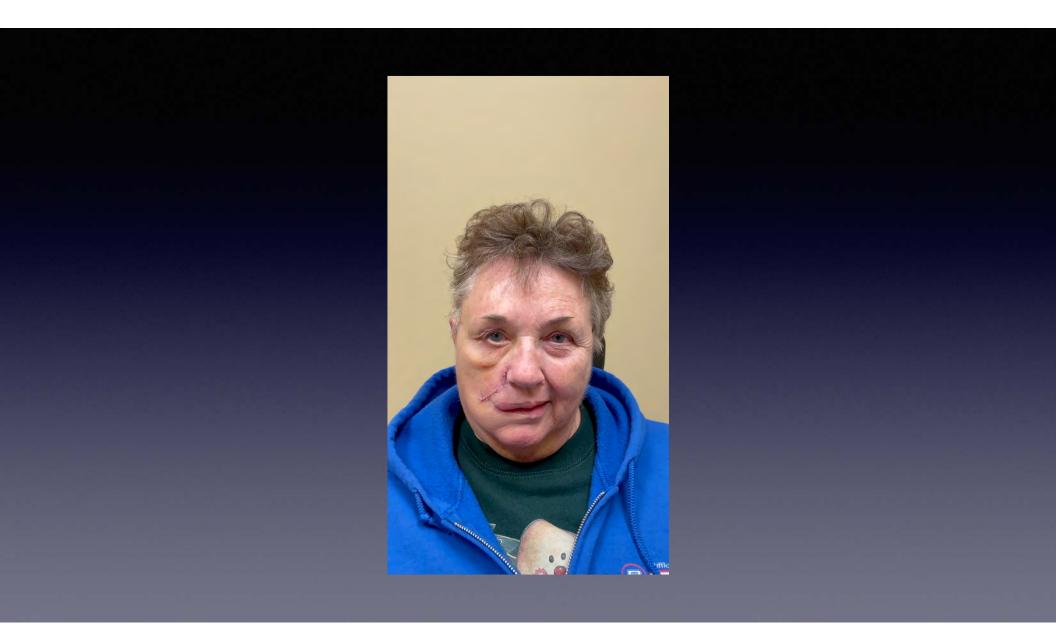








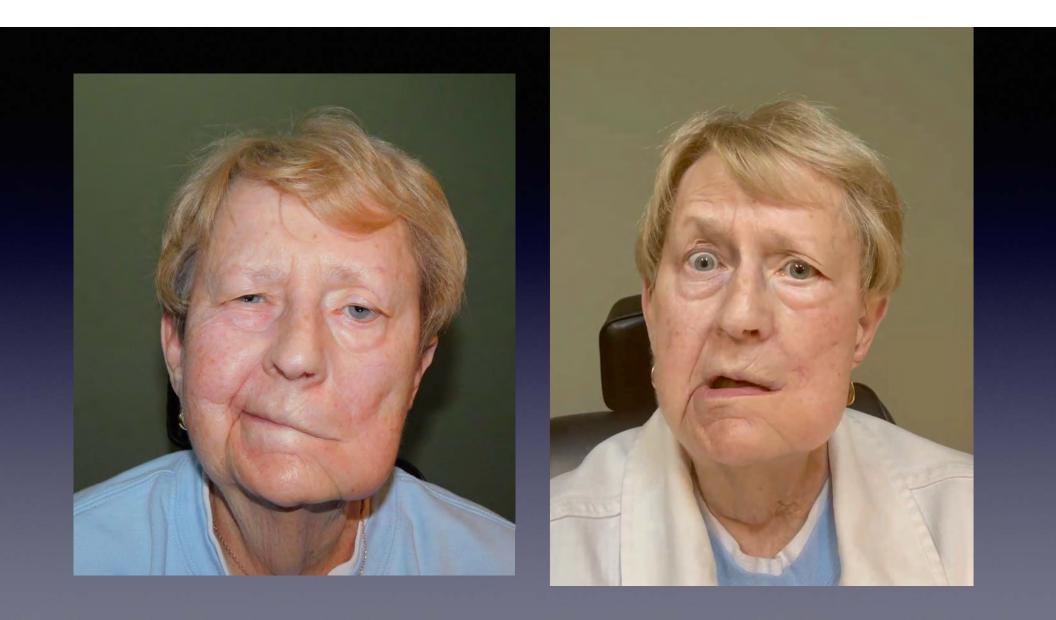


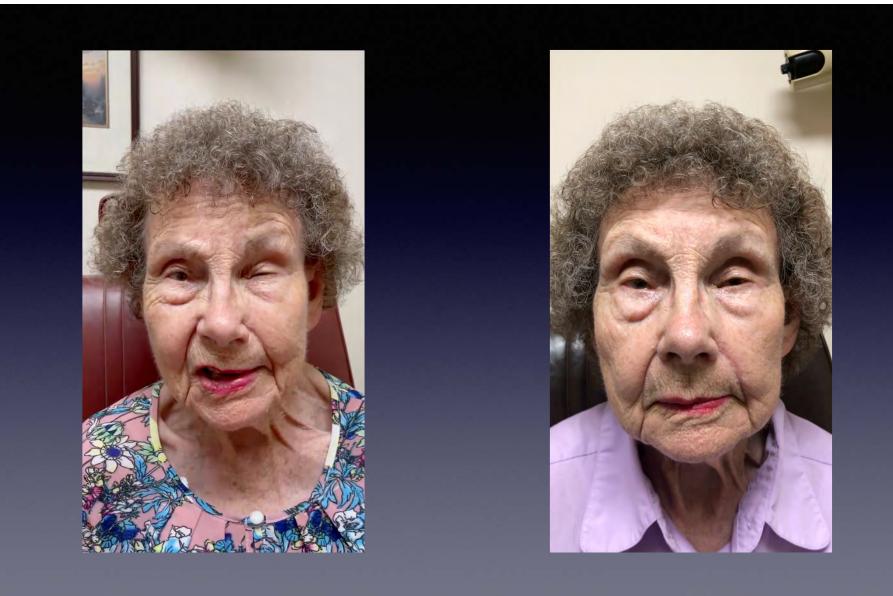


Don't forget therapeutics









Summary

- We as physicians can help more than the Patients eye
- Timely referral (between year one and two) will afford patient and surgeon with more options
- Its Never too late to help

And most important

