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Surgical outcomes in facial nerve palsy of various aetiology

A A Khabeer

Gandhi Medical College, India

Statement of the Problem: Facial nerve is the seventh cranial nerve innervating mainly muscles of face. It involves various etiological factors. 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. The (deviation of face) facial nerve is affected by various etiological factors like cholesteatoma, malignant otitis externa, trauma, etc. Most of the times the facial nerve palsy cases are treated by conservative means such as systemic steroids and physiotherapy. Few cases do respond, but others 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, it needs 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 & Theoretical Orientation: It is 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 had been taken up

for surgical intervention. This paper discusses 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. All the cases underwent trials of conservative treatment and were considered for surgical intervention. House-Brackmann grading system of facial nerve was taken to study the improvement. 90% of cases recovered to grade 2 to 3 and 10% cases recovered upto grade 5.

Conclusion & Significance: Facial nerve palsy cases were once treated by conservative means only. Surgical intervention was not considered as a treatment option. This paper studies the 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 cases with incomplete recovery also showed good improvement. Therefore, surgical intervention should be considered after optimal conservative management as a definitive treatment option.

aakhabeer@gmail.com