

# Researchers describe outcomes of surgical procedure to treat neck muscle problems

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Removing a portion of the platysma muscle may ease symptoms for patients experiencing chronic neck stiffness and involuntary movement, according to a report in the July issue of *Archives of Facial Plastic Surgery*.

In previous research, removal of parts of the platysma -- the [muscle](#) stretching from the shoulders and chest through the neck—appeared successful in alleviating hypertonicity (muscular rigidity), according to background information in the article. The authors, who had begun to use muscle-transfer surgeries to treat facial paresis [paralysis], noticed that the platysma was often hypertrophic (thickened) in these cases. They hypothesized that surgically removing part of the muscle could reduce hypertrophy, as well as hypertonicity and synkinesia (involuntary movement). "We began to offer the procedure to [patients](#) with hypertonic facial paresis and clinically evident platysmal synkinesis if they demonstrated a favorable response to chemodenervation [chemically induced paralysis] of the platysma with botulinum toxin," the researchers write.

Douglas K. Henstrom, M.D., and colleagues from the Massachusetts Eye and Ear Infirmary, Boston, reported on the outcomes and quality of life (QoL) of patients who underwent the procedure at their facility between October 2009 and August 2010. The procedure involved making an incision to expose the platysma and then removing, in segments, a one-centimeter band of the muscle. The operation was performed with local anesthesia on 19 patients, and with general anesthesia on five patients

who simultaneously underwent a muscle graft to correct their inability to smile. Of the 24 patients, 21 successfully completed Facial Clinimetric Evaluation (FaCE) surveys both before and after the surgery.

The researchers reported no complications during or immediately after the operations; the average time between the procedure and the last follow-up visit was 88 days. Overall, the 21 patients who completed FaCE surveys (after an average of roughly eight weeks for the postoperative survey) reported that their neck symptoms had significantly improved and that their general QoL was better. Five patients noted that their overall QoL had decreased, but that their neck symptoms had not changed or had improved.

"Platysmectomy in patients with hypertonic facial movement after facial paralysis seems to improve overall quality of life and the amount of time the neck feels tense or tight," write the authors. Future research will investigate how the procedure might affect the ability to smile, and whether a similar [procedure](#) might ease rigidity of other facial muscles.

**More information:** *Arch Facial Plast Surg*. 2011;13[4]:239-243.

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