

Nerve transposition technique successful in facial paralysis

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(HealthDay)—After facial paralysis, mobilization and transposition of

the intratemporal segment of the facial nerve for end-to-side coaptation to the hypoglossal nerve can restore facial tone and symmetry, according to research published online June 23 in *JAMA Facial Plastic Surgery*.

Amit Kochhar, M.D., from the University of California in Los Angeles, and colleagues conducted a case series involving patients with facial paralysis who underwent mobilization and transposition of the intratemporal segment of the facial nerve for end-to-side coaptation to the hypoglossal nerve. Twenty participants were treated at a tertiary care center between January 2007 and December 2014.

The researchers found that adequate length of facial nerve was mobilized for direct end-to-side coaptation to the hypoglossal nerve in all 20 patients. Prior to treatment, the median duration of facial paralysis was 11.4 months. Patients were followed for a median of 29 months; due to lack of follow-up, three patients were excluded from functional analysis. In 16 of 17 patients there were improvements in facial symmetry at rest and during animation, with a median time for return of facial muscle tone of 7.3 months. At rest and with movement there was a significant reduction in facial asymmetry index. A significant increase in horizontal, vertical, overall lip excursion, and smile angle were detected on the MEEI FACE-gram software. None of the [patients](#) developed significant tongue atrophy, impaired tongue mobility, or dysfunction of speech or swallow.

"Mobilization of the intratemporal segment of the [facial nerve](#) provides adequate length for direct end-to-end coaptation to the hypoglossal nerve and is effective in restoring facial tone and symmetry after [facial paralysis](#)," the authors write.

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