

Special Edition
"Advanced Technique in Facial
Plastic Surgery: Aesthetic and
Reconstruction"

Editorial

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Special Edition 2

Article Ref. #: 1000OTLOJSE2e001

Article History

Received: May 14th, 2016

Accepted: May 20th, 2016

Published: May 23rd, 2016

Citation

Stadio AD. Which is the best treatment in facial palsy? *Otolaryngol Open J.* 2016; SE(2): Se1-Se2. doi: [10.17140/OTLOJ-SE-2-e001](https://doi.org/10.17140/OTLOJ-SE-2-e001)

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Which is the Best Treatment in Facial Palsy?

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Several surgical techniques are available for treating facial palsy, but which is the best choice?

Facial palsy can arise from a multitude of causes, the most common of which is Bell's palsy, responsible for 75% of all facial paralysis. Other causes are tumors, surgical treatments, rare diseases, and genetic disorders such as Möbius syndrome. Definitive facial palsy is defined as a chronicle (lasting more than 2 years without recovery) that needs surgical treatment. It has a low incidence as a sequel to Bell's palsy because patients typically recover normal face movements; however, where tumors, surgery, and genetic syndromes are involved, surgery is necessary to regain symmetry.

The choice of surgical treatment is not only the surgeon's decision but also that of the patient. The final decision arises from good planning and careful deliberation. Personally, I believe the best results are obtained with minimally invasive surgery, especially if paralysis is the result of surgery or tumor resection.

Möbius syndrome is treated with excellent results using a muscular transposition flap and neuronal anastomosis to re-innervate the flaps. We can choose either free muscle transfer, associated with nerve transfers, or cross-face nerve grafting. This is a simple choice because the patient does not incur a second surgery, but when a post-surgical procedure is needed, is it correct to subject the patient to major surgery with the risk that it will be unsuccessful?

After a skull base schwannoma, which is the best choice? An immediate facial nerve repair using a nerve graft will be a longer procedure, but it will be the only one needed. But what if this is not possible?

I prefer to perform multiple small surgeries to reach symmetry. This is done using either static suspension,¹ which is sometimes obsolete in my opinion, or myotomies² on the healthy side. But why create damage to correct damage?

The best choice is most likely a transfer of associated small muscles to temporal or masseteric muscle³ with corrective surgery for the superior and inferior eyelid.⁴ In this way, movement and symmetry can be restored at the same time.

"My patient refuses any type of surgery." When I have a case like this, I use suspension needles/wires commonly used in aesthetic procedures. It is a non-invasive method that is probably not the best, but it is a means to reach static symmetry for those who refuse traditional surgery.

Which is the best choice: treat facial palsy as a functional disease using major surgery or treat it like an aesthetic procedure for those looking for less invasive solutions?

I leave the answer to my colleagues. Hopefully, at the end of our discussion, we will reach the idea that function and aesthetics have the same value in facial surgery.

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