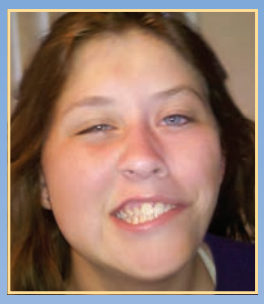
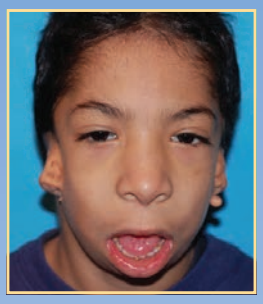
DID YOU KNOW:
Facts about Facial Paralysis


What is Facial Paralysis?

Facial paralysis, or palsy, refers to the partial, or total loss of function of the muscles of facial expression that are served by the facial nerve. These muscles are the ones that create a smile, purse your lips to kiss, prevent drooling when you eat, close your eyes, and lift your eyebrows.

Most people are familiar with facial paralysis that is caused by a stroke, or by Bell's Palsy where there is a drooping of the face and forehead, and a loss of normal movements of the face.

Why Does Facial Paralysis Occur?

Among the many causes of facial paralysis include cutting the facial nerve due to tumor surgery, or from injury of the cheek; fractures of the skull that crush the facial nerve; viral infections including Lyme Disease, and Herpes Zoster that cause swelling of the facial nerve in the boney canal in the skull; acoustic neuroma surgery, mastoid bone surgery, and parotid gland surgery for tumors near the facial nerve. Causes of facial paralysis in children include brainstem tumors, or birth defects such as hemifacial microsomia and Mobius Syndrome, where the facial nerve and/or its nucleus fails to develop.

What Type of Care Do These Children Require?

Children afflicted with facial paralysis are first evaluated with a thorough history and physical examination, as well as diagnostic studies including MRI, CAT scans, and electrical conduction tests of the facial nerve. Treatments are uniquely formulated for each child's particular case.

In some cases physical therapy with or without selective Botox muscle blocks and muscle exercises will help re-train and re-balance the partially weakened facial muscles.

In most cases, however, surgical intervention with local muscle slings, or cross-face nerve grafts combined with microvascular muscle auto-transplants may be necessary. A nerve is taken from the leg and used like an extension cord to connect from a branch of the functioning facial nerve on the un-paralyzed side to the paralyzed side. Then using a microscope and sutures thinner than a hair, a muscle is auto-transplanted from the patient's thigh to the paralyzed side of the face restoring its circulation by connecting the transplanted muscle's blood vessels (artery and vein) to facial vessels. Then the nerve graft is connected to the transplanted muscle's nerve. As a result, when the patient attempts to smile, an impulse goes from the good side of the face along the cross-facial nerve graft activating the transplanted muscle which contracts to restore a smile to the paralyzed side of the face. For more information see www.facialpalsycenterofny.com

SPOTLIGHT:

LBFF Medical Advisory Board Member

Fredrick A. Valauri, MD, FACS

A Diplomate of the American Board of Plastic Surgery, Dr. Valauri performs cosmetic and reconstructive plastic surgery. He is fellowship trained in microsurgery and hand surgery, and is Chief of the Microsurgery Section at Lenox Hill Hospital, and a founding member of the Medical Advisory Board of LBFF.

Dr. Vaulauri is a patient advocate, educator, and author. He is a member of the American Society of Plastic Surgeons, the American Society for Aesthetic Plastic Surgery, American Society for Reconstructive Microsurgery, World Society for Reconstructive Microsurgery, and the American Society for Peripheral Nerve.

He is also a past President of the New York Regional Plastic Surgery Society, past member of the editorial board of *The Journal of Reconstructive Microsurgery*, and a reviewer for the *Journal of Reconstructive Plastic Surgery*.