



Facial Reanimation in Patients with Unilateral Facial Palsy Treated with Crossed Nervous Graft with and without Metastatic Nerve Transfer Evaluated with the "eFACE" Scale.

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Introduction

"The eFACE" is a reliable, easy-to-use, objective and reproducible clinical grade electronic scale for facial function that generates a total face disfigurement score.

Material and Methods

Complete preoperative and postoperative files and videotapes were used to evaluate patients with unilateral facial palsy who underwent facial resuscitation with crossed buccal nerve grafts of buccal branch with and without transfer of masseter nerve to a second buccal branch, In the peripheral nerve clinic and facial palsy of the plastic surgery service, between January 2010 and March 2016.

Results

The eFACE score was determined in 20 patients with unilateral facial palsy. Sixty five percent of the patients were treated with buccal – buccal branch nerve grafts, adding a masseterine anastomosis to a second buccal branch (n = 13) and the remaining 35% were treated with a buccal - buccal branch nerve graft (n = 7). Patients had a mean age of 29.1 years and 75% of these were women (n = 15). Tumors predominated as a cause of facial palsy, 40% (n = 8), with denervation time between 6 months and 2 years, 10% (n = 50), incomplete palsy 70% (n = 14), and left hemiface affected, 65% (n = 13). All the interventions showed an increase in the postoperative evaluation score with the "the eFACE" scale; on average there was an increase of 18.85 points in the 20 patients evaluated.

Objective

The objective of this study was to determine the "eFACE" score obtained by patients with unilateral facial palsy treated with buccal - buccal branch nerve graft with and without transfer of the masseter nerve to a second buccal branch for the facial resuscitation.



Conclusion

Being able to evaluate and describe the facial function and symmetry achieved with these surgical techniques, using the analogous visual scale, "the eFACE", will provide us with a valid support in recommending this type of interventions, improving functional and aesthetics in patients with facial palsy who are candidates for this type of treatment, significantly improving their quality of life and day-to-day functionality.