



# Long term results of idiopathic hemifacial palsy: Orthodontic and surgical multidisciplinary management



Cinzia Maspero\*, Marco Farronato, Guia Guenza, Davide Farronato

Fondazione IRCCS Cà Granda - Ospedale Maggiore Policlinico, Via Della Commenda 10 CAP, 20122, Milano (MI), Italy

## ARTICLE INFO

### Article history:

Received 20 April 2017

Received in revised form 18 July 2017

Accepted 3 August 2017

Available online 3 August 2017

### Keywords:

Idiopathic facial palsy

Bell's palsy

Seventh cranial nerve

Orthodontic treatment

Facial reanimation

Smile surgery orthodontic management

## ABSTRACT

Idiopathic facial palsy is the most common cause of unilateral neurologic disorders of the cranial nerves.

It can result from congenital, due to delivery traumas, and genetic or malformative diseases, or acquired due to infective, inflammatory, neoplastic, traumatic or iatrogenic causes. In the great majority of cases its causes are unknown.

A careful differential diagnosis is recommended in paediatric patients, in order to establish the most appropriate treatment as the therapeutic approach differs in relation to the aetiology. Controversy exists regarding treatment options. The primary concern in the treatment is to restore the aesthetics, function and comfort. Facial palsy may result in a multitude of conditions such as: affected salivation, taste and lachrymation, depending on the topography of the facial nerve affection, and patients may also refer auditory hyper-sensitivity which may result in noise intolerance.

In this paper a case of a child with unilateral facial palsy is described. The patient was treated by orthopaedic appliances and surgical facial reanimation. At the end of therapy good aesthetic and functional results were obtained. Oral functions as well as facial expression were partially recovered and symmetry was almost completely restored.

Children with idiopathic facial palsy have a better prognosis if the diagnosis is early and treatment is multidisciplinary.

© 2017 Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Idiopathic facial palsy is a medical condition, with an incidence of 20–25 cases per 100,000 individuals per year [1–4] with a peak usually between the age of 15 and 50 years [5–7]. It is rare in children younger than 10 years old [5]. Ozkale and Barr [8–10] reported an estimated incidence of about 6.1 cases per year per 100,000 in children aged between 1 and 15 years.

There do not seem to be gender differences [11,12] and no predilection concerning face side.

In fact, if not treated, it can cause functional and aesthetic outcomes.

The pathogenesis remains controversial. It can either be congenital due to delivery traumas or genetic or malformative diseases, or acquired due to infective, inflammatory, neoplastic, traumatic or iatrogenic causes.

In approximately 40–75% of the cases, the cause still remains idiopathic [8].

\* Corresponding author.

E-mail addresses: [cinzia.maspero@gmail.com](mailto:cinzia.maspero@gmail.com) (C. Maspero), [marcofarronato@msn.com](mailto:marcofarronato@msn.com) (M. Farronato), [guiaguenza@icloud.com](mailto:guiaguenza@icloud.com) (G. Guenza), [davide@farronato.it](mailto:davide@farronato.it) (D. Farronato).

Idiopathic facial palsy is commonly known as Bell's palsy as it was described by Dr. Charles Bell in 1821 as an acute peripheral facial nerve palsy usually of unknown cause [13]. It is typically unilateral and can be complete or partial [13,14]. It represents a clinical problem with several implications, particularly when occurring in childhood. The condition leads to the



**Fig. 1.** Extra-oral view: soft tissues asymmetry, right mandibular deviation.

Download English Version:

<https://daneshyari.com/en/article/8707003>

Download Persian Version:

<https://daneshyari.com/article/8707003>

[Daneshyari.com](https://daneshyari.com)