

Hypoglossal facial nerve anastomosis

Vestibular schwannoma radiosurgery carries a risk of facial nerve palsy that is lower than that with microneurosurgery. The results of hemihypoglossal-facial nerve anastomosis (HHFA) have not been described yet in CNVII palsy after failed stereotactic radiosurgery (SRS).

Dziedzic et al., report a case series of the first four consecutive patients (three women; average age 58.5, age range: 46-74), who underwent HHFA due to failed SRS. All patients were admitted because of progressive peripheral facial nerve palsy. Three patients received retrosigmoid craniotomy due to tumor enlargement that resulted in facial nerve paralysis. All patients achieved satisfactory (House-Brackmann grade III) CNVII regeneration. No or minimal tongue atrophy occurred on the side of the anastomosis. Patients reported no problems with phonation or swallowing, except for the patients with preexisting lower cranial nerve deficits. HHFA effectively treats facial palsy after failed SRS with minimal risk of tongue atrophy and minimal morbidity. The results of the treatment are comparable to those achieved with patients without previous SRS ¹⁾.

¹⁾

Dziedzic TA, Kunert P, Marchel A. Results of hemihypoglossal-facial nerve anastomosis in the treatment of facial nerve paralysis after failed stereotactic radiosurgery for vestibular schwannoma. J Neurosurg Sci. 2017 Apr;61(2):207-212. PubMed PMID: 27882903.

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