

First Case: 1993 (22 years old girl)
congenital, partial, complete facial paralysis
frontalis, orbicularis oculi, nasalis, levator labii



Pre-op

Post-op 2017

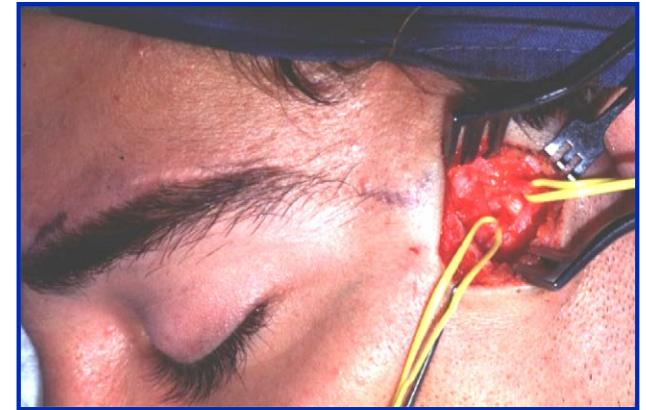
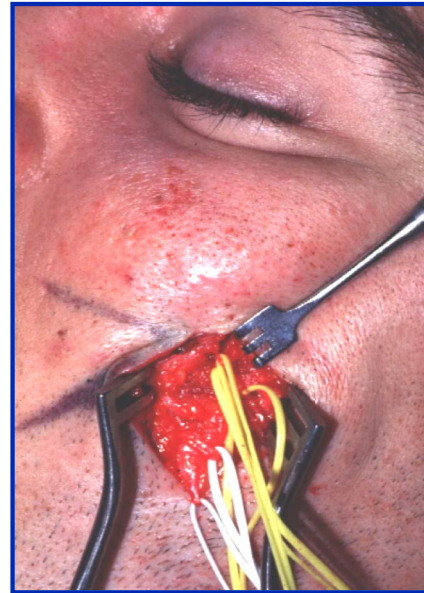
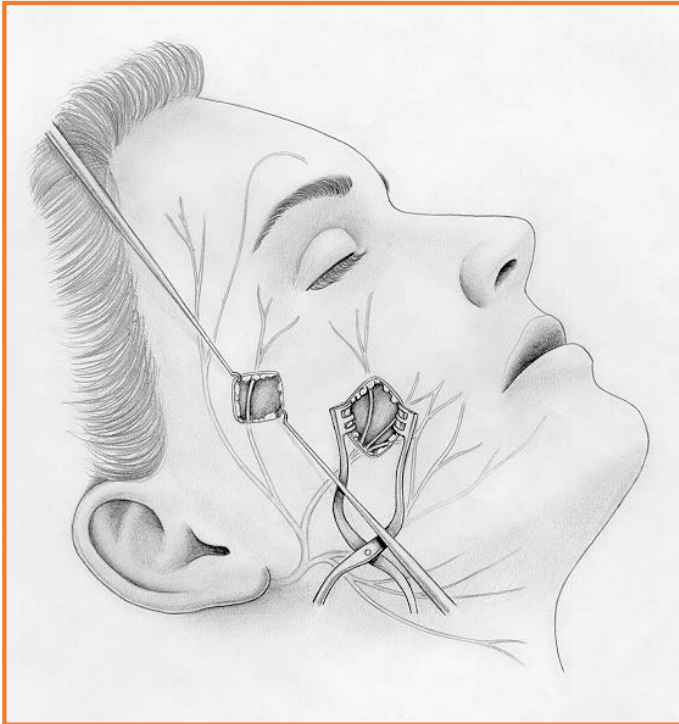


Post-op 2017

First Stage: Cross-Face Nerve Graft

Electric Stimulation for Selective Nerve Grafting

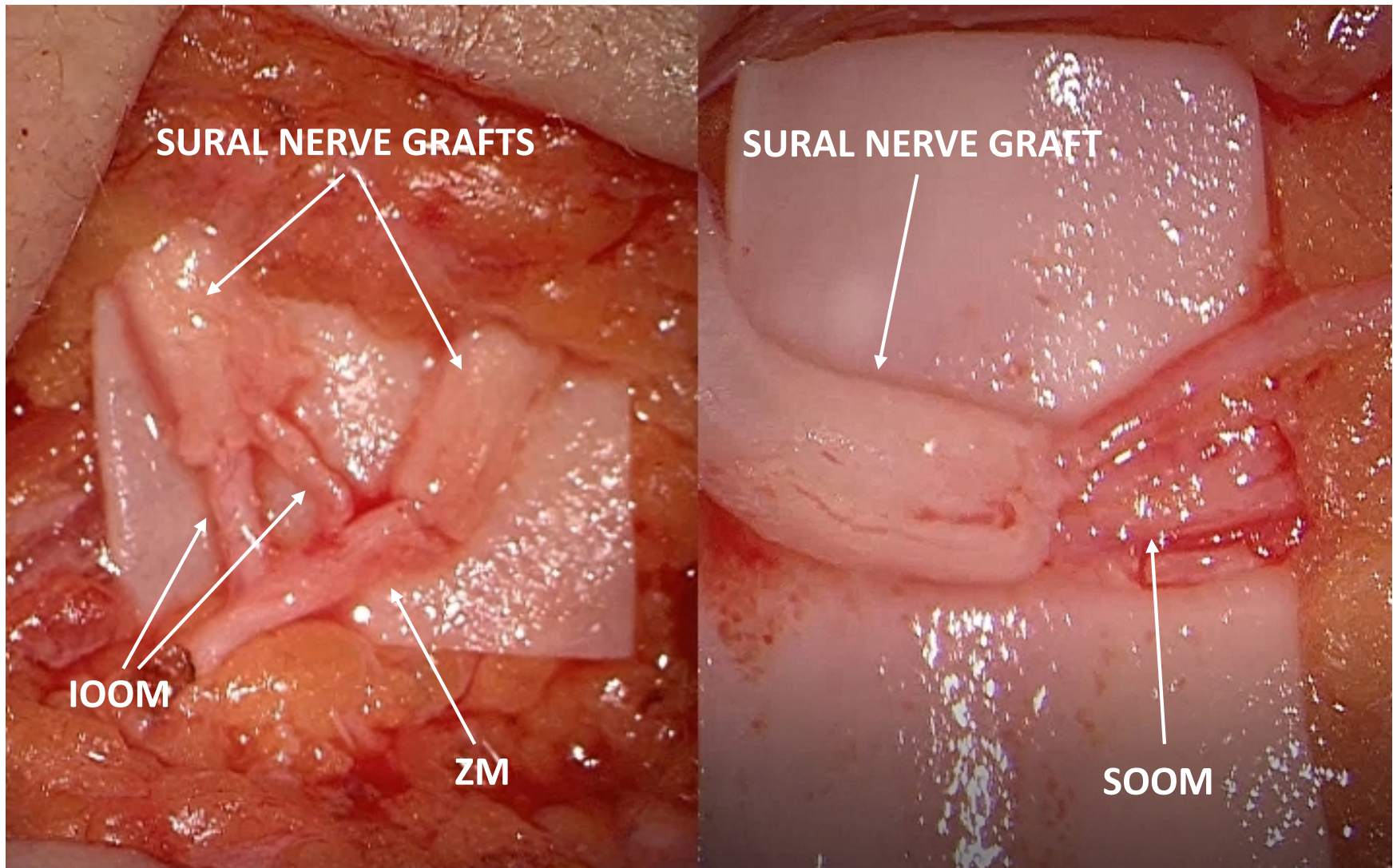
Branches from the superior and inferior orbicularis oculi muscle



Selecting the superior part of the orbicularis oculi with electric stimulation

See Video 1 (online)

Cross-face Nerve Coaptations at the Normal Facial Nerve Side



IOOM – facial nerve branches to inferior orbicularis oculi muscle (by the lateral to the nasolabial fold incision)

ZMNB – facial nerve branches to zygomatic muscle

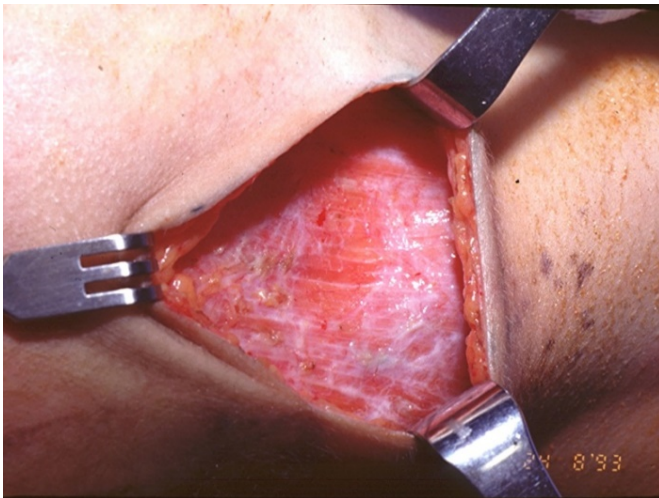
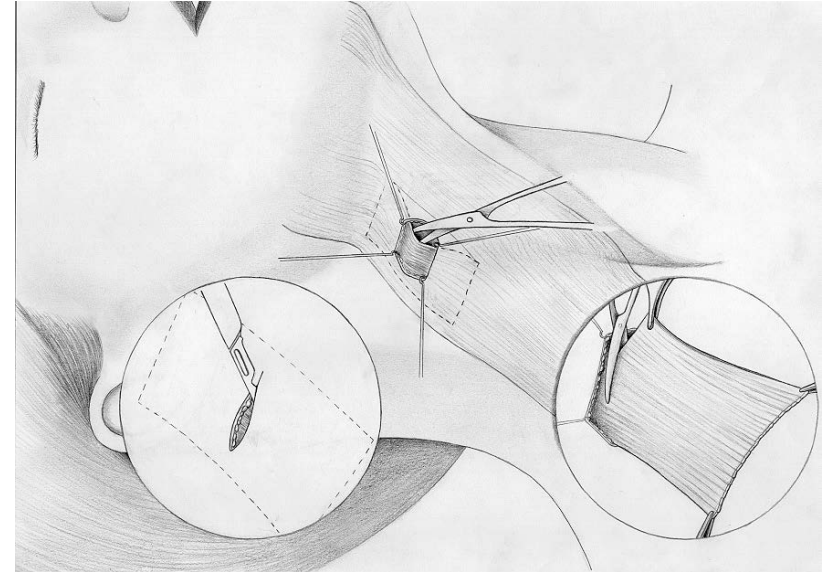
SOOM - facial nerve branches to superior orbicularis oculi muscle (by the lateral orbital incision)

Selective Nerve Grafting

Subcutaneous tunnels to the superior and inferior eyelids

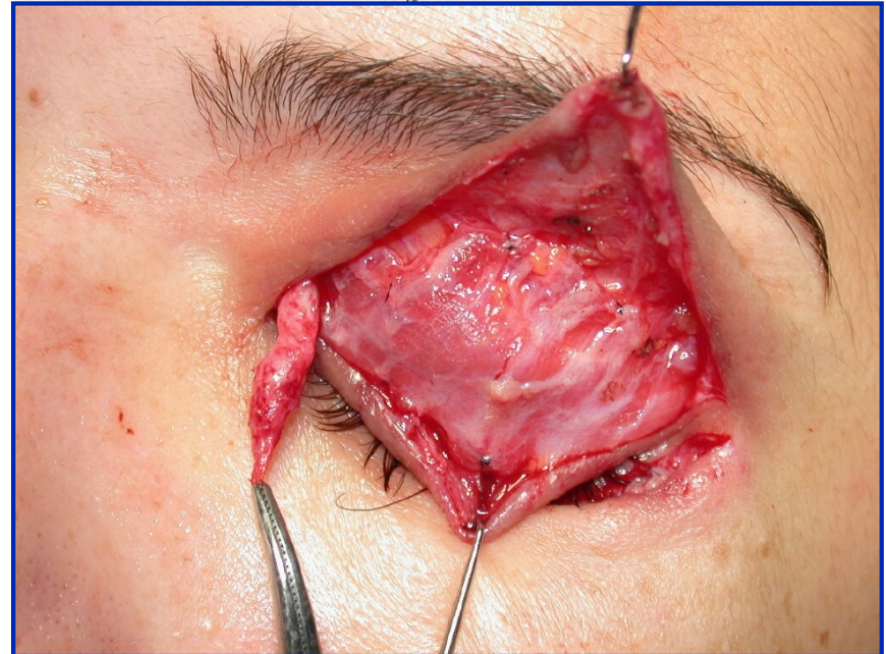
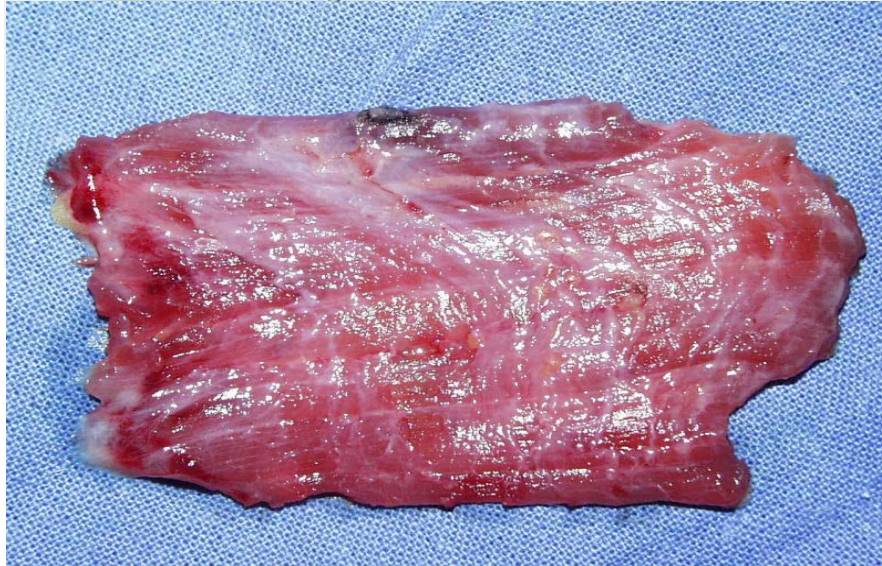
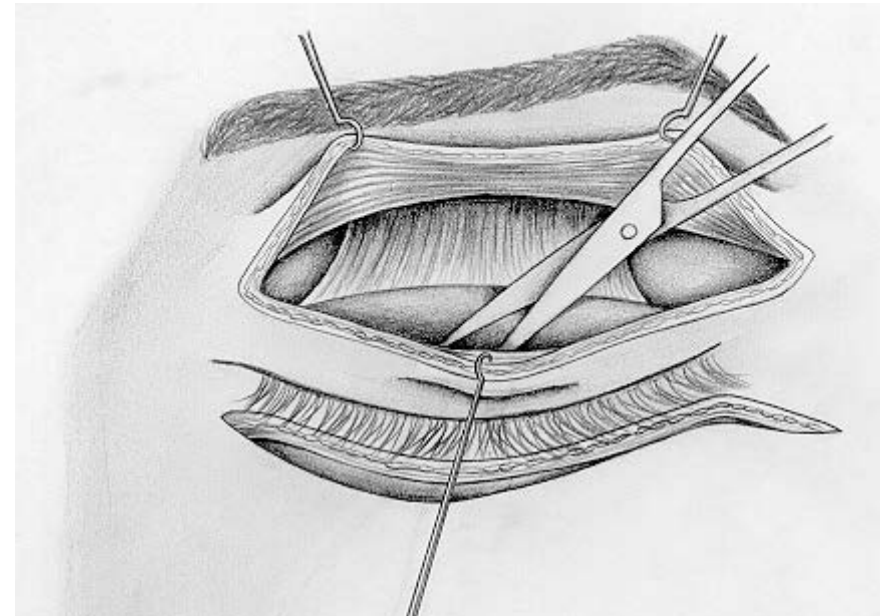
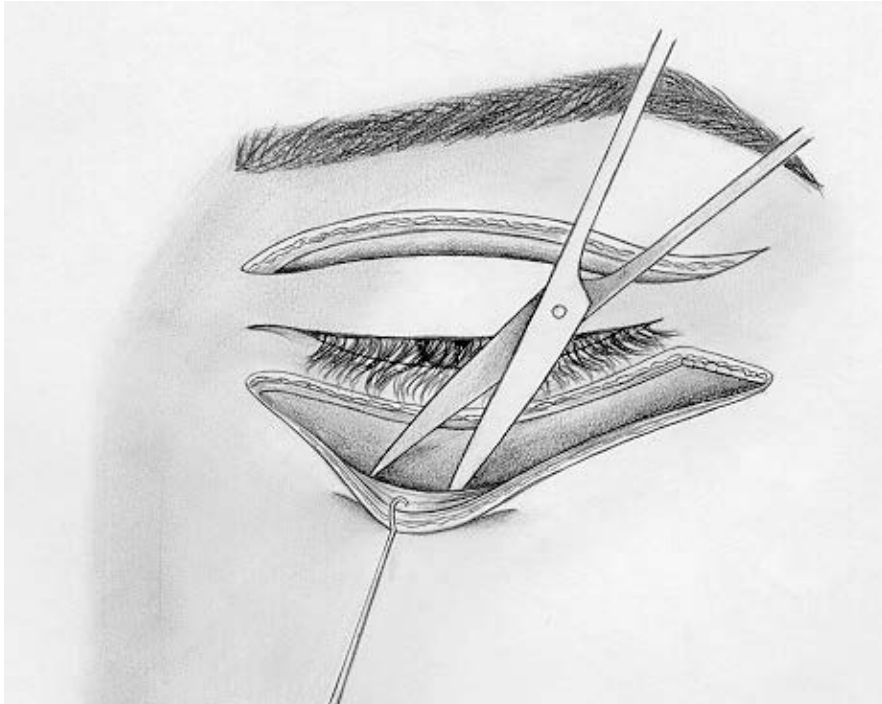


Second Stage: Platysma Dissection



Scar three years after harvesting of the platysma

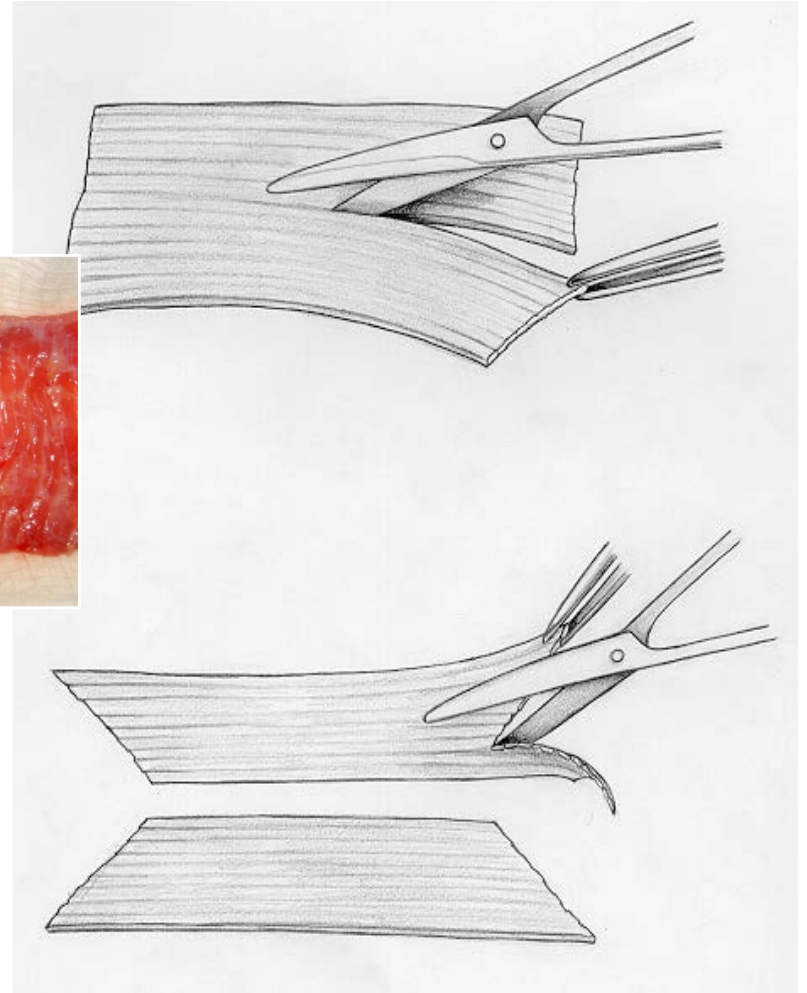
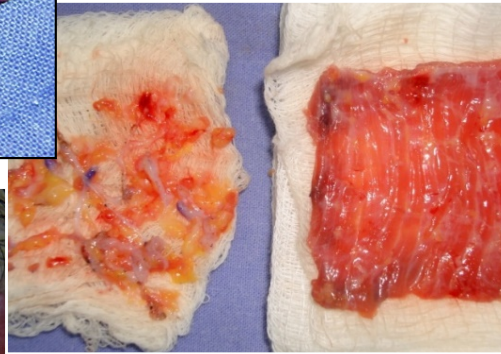
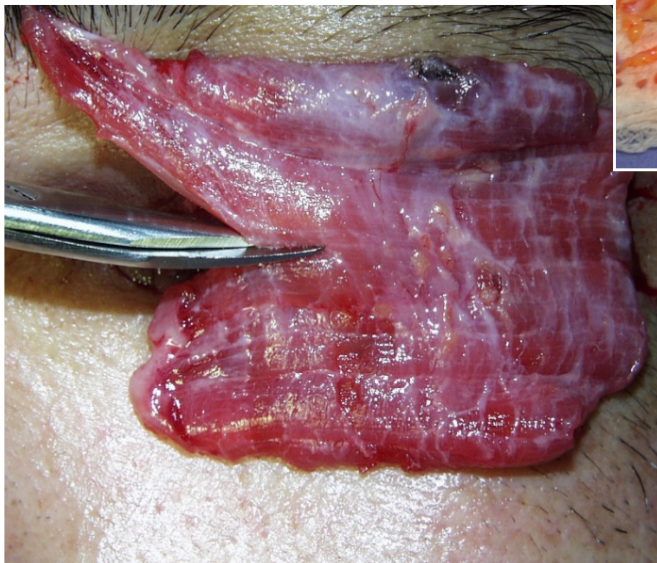
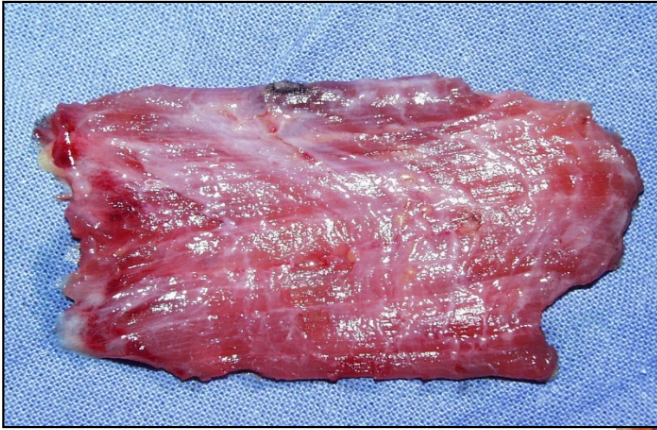
Second Stage: eyelids preparation and platysma insertion



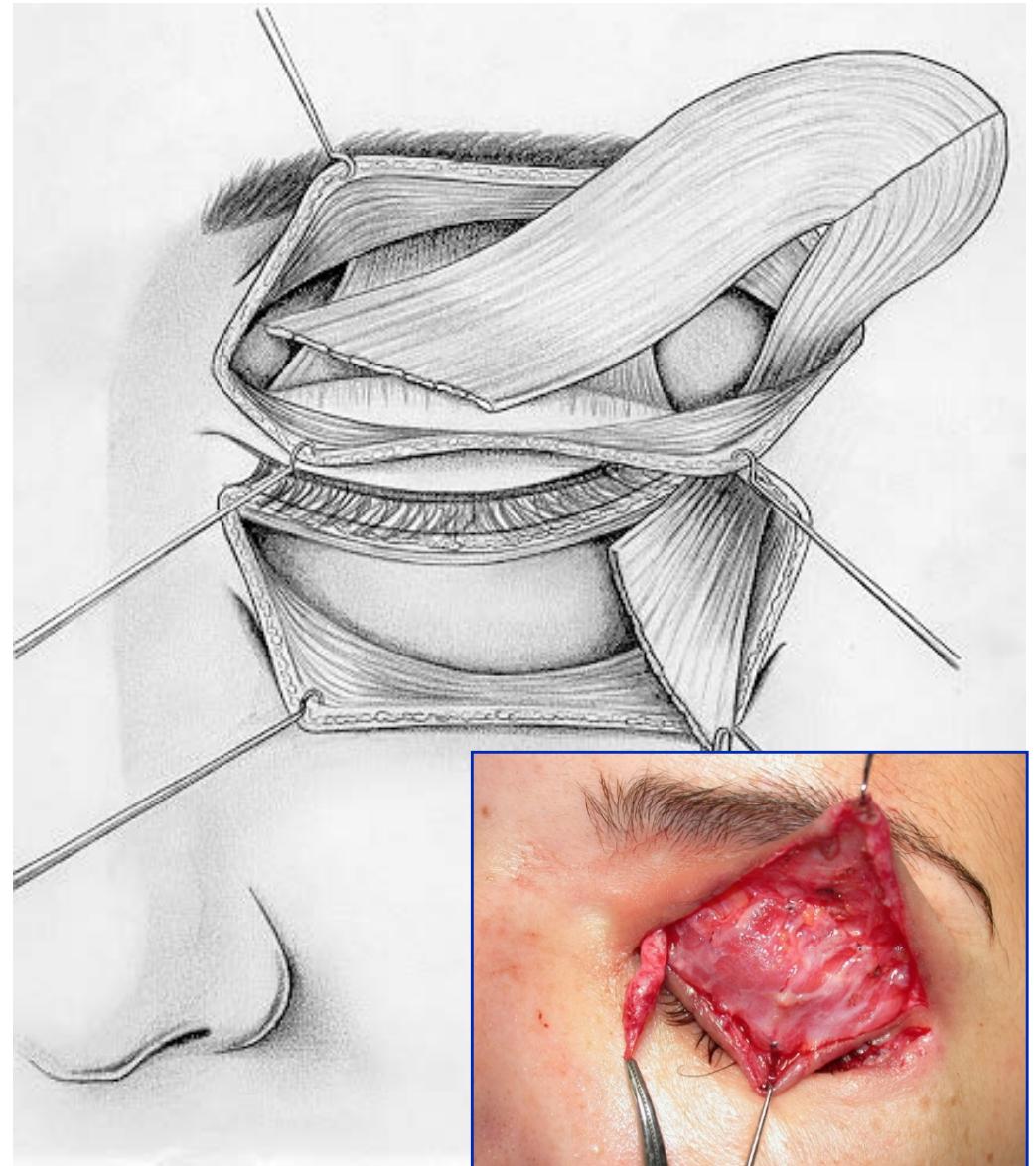
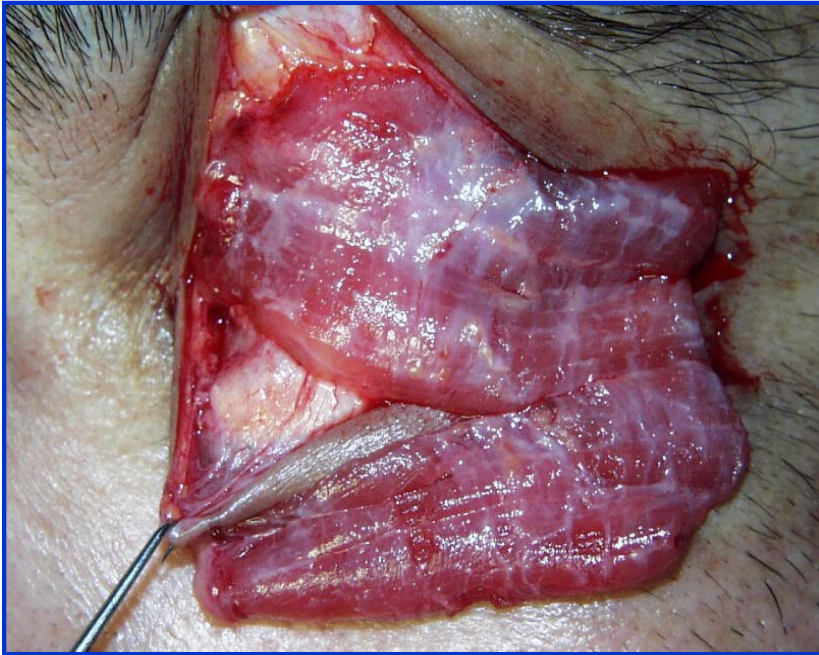
Operative views of the second stage, showing the preparative dissection of the eyelids and the nerve graft stumps as well as the dissection of the platysma on the neck



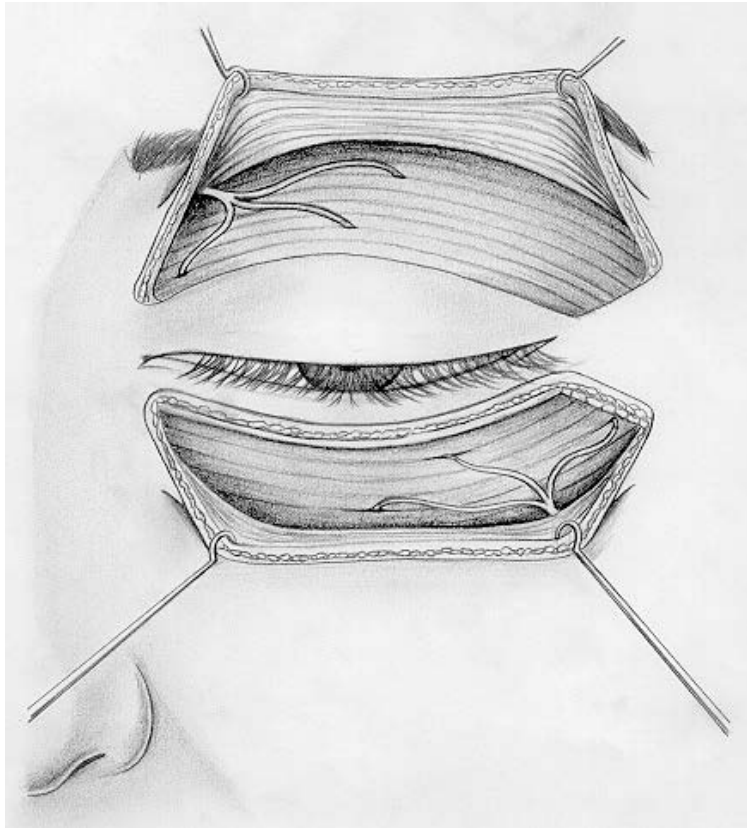
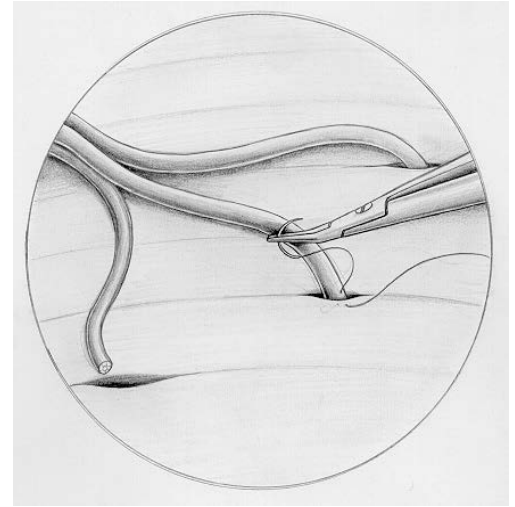
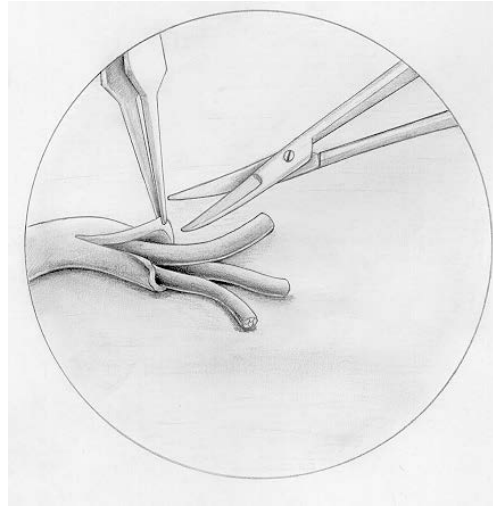
Platysma Tailoring



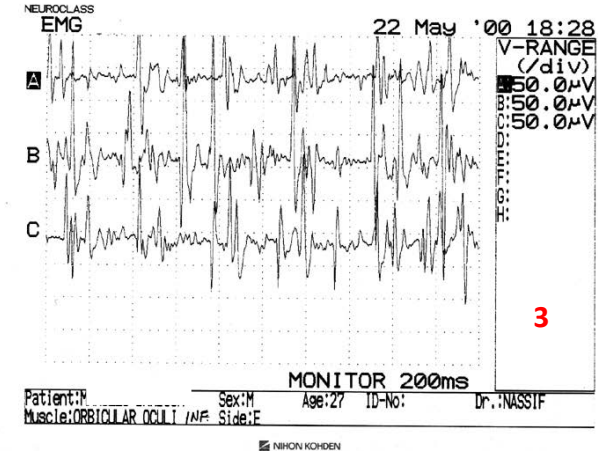
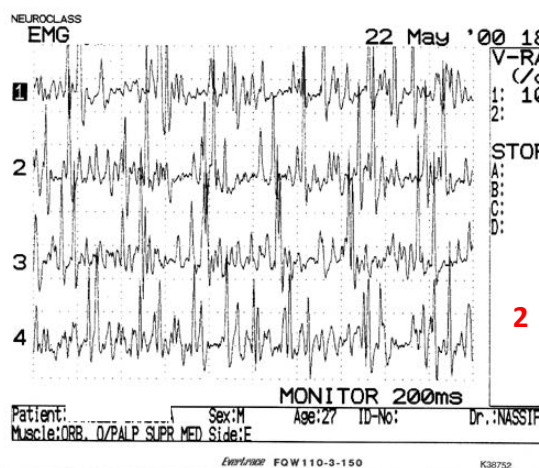
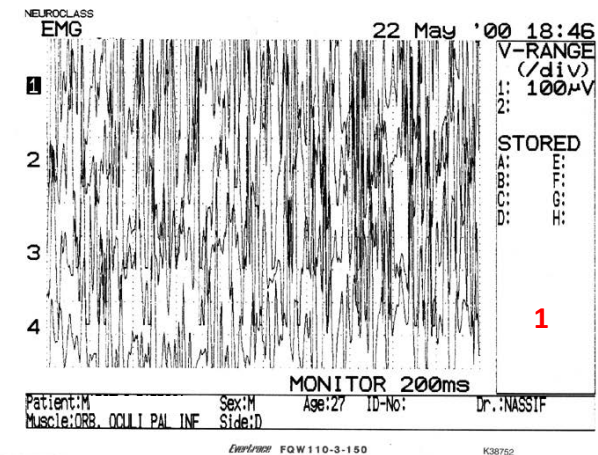
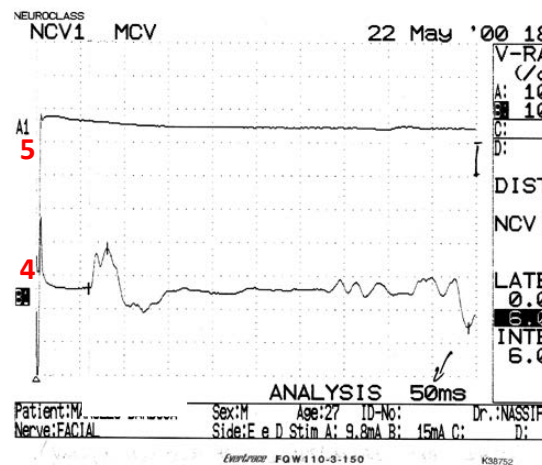
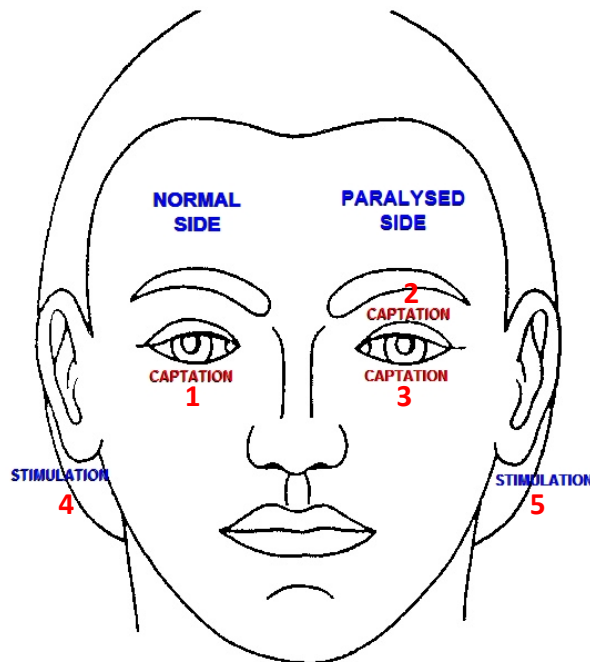
Platysma Insertion



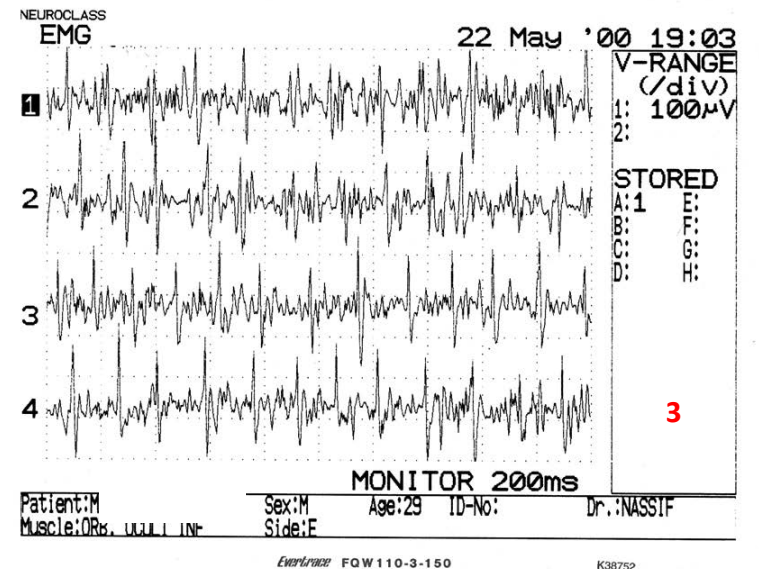
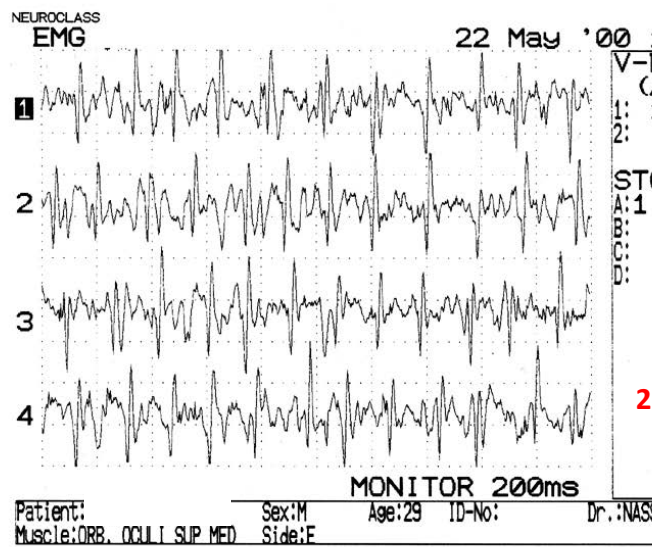
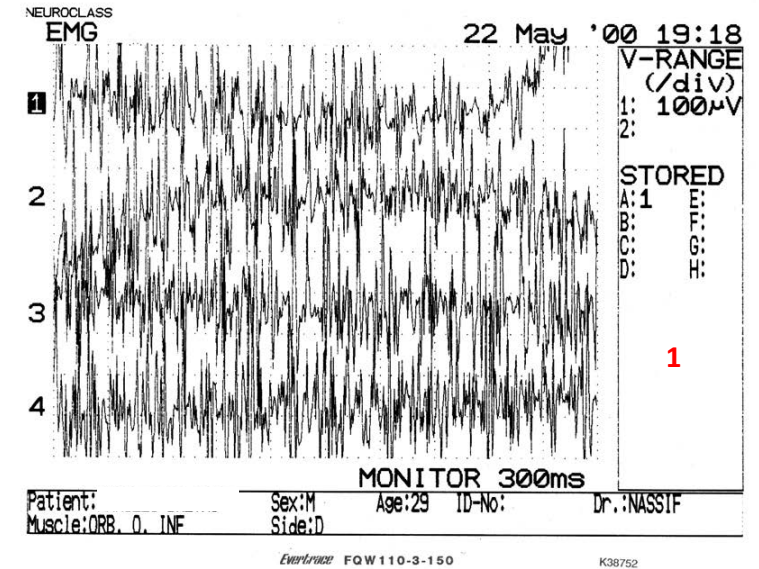
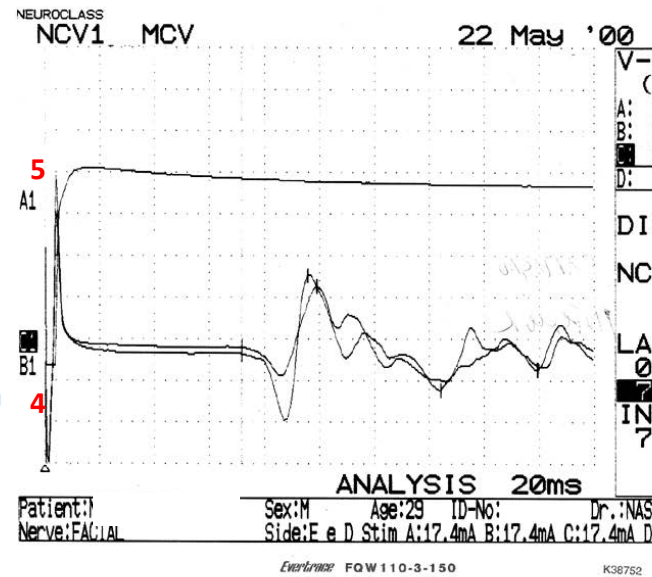
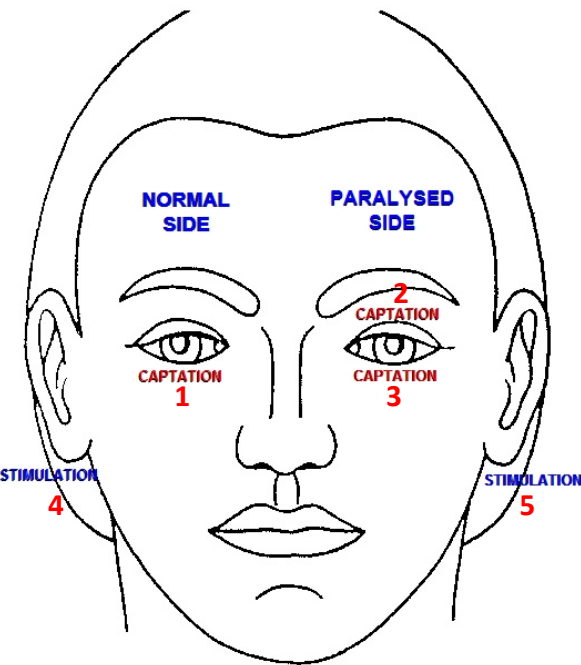
Direct Neurotization



ENMG Results

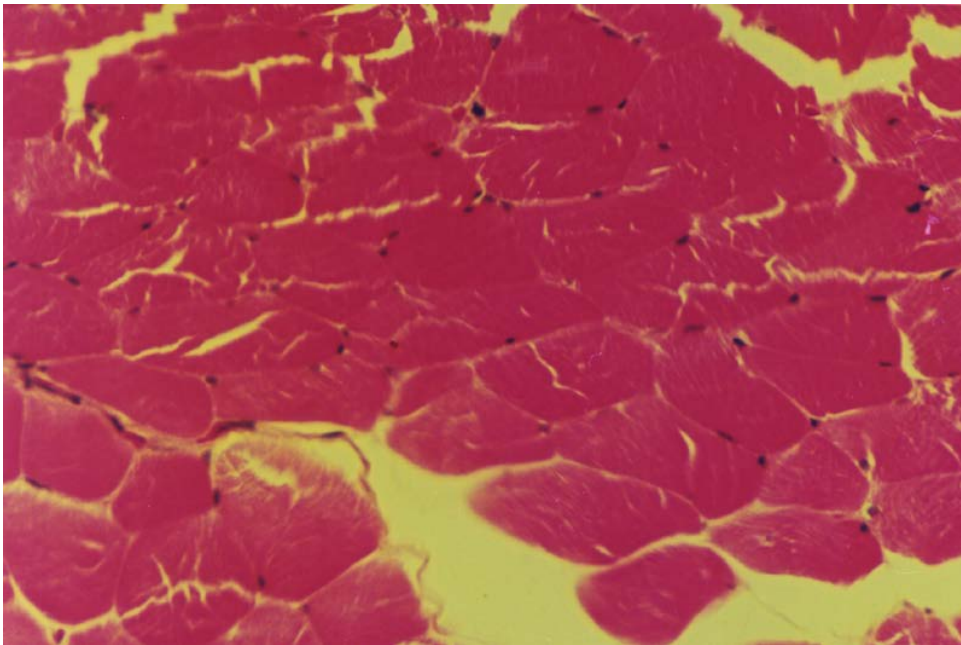


ENMG

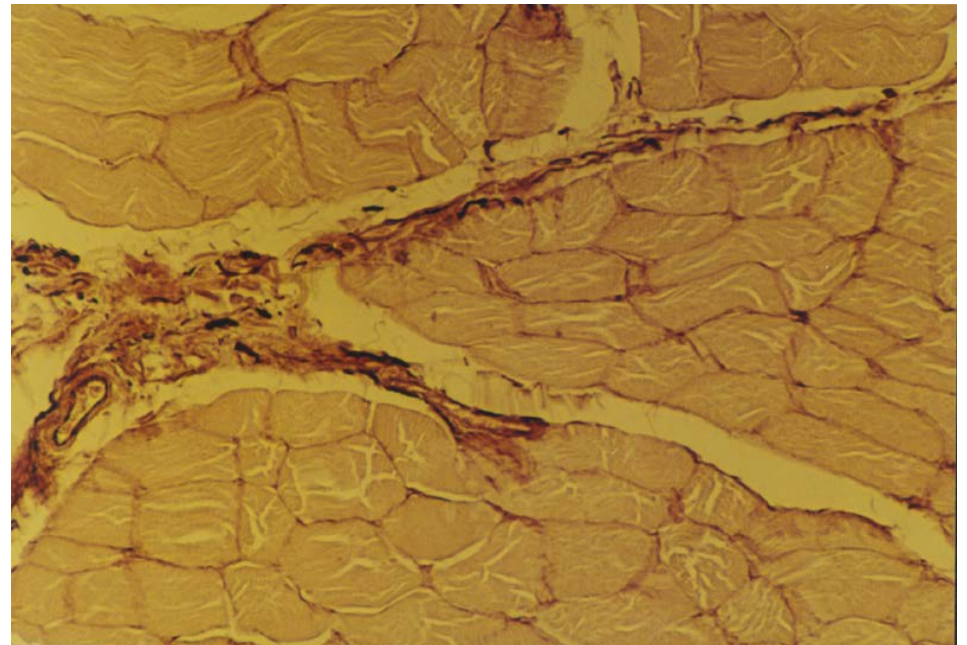


Normal Platysma

HE

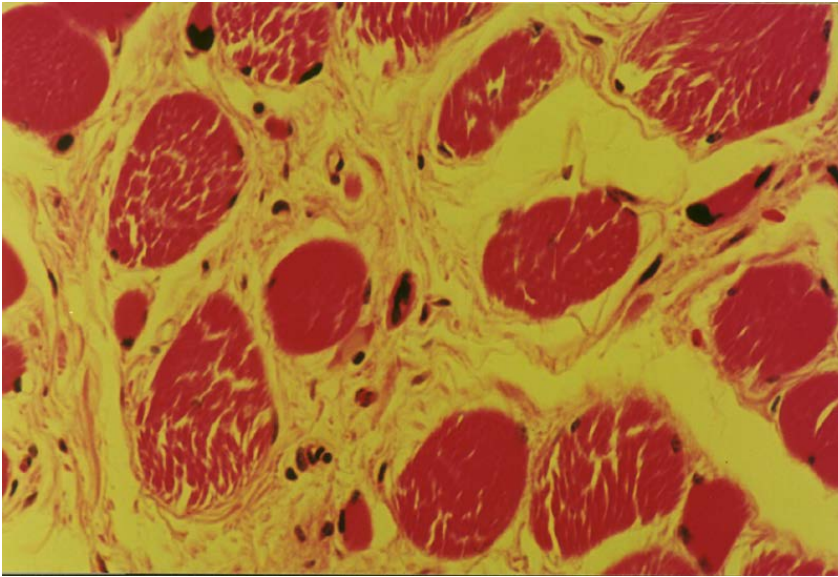


RF (resorcine-fuc sine)

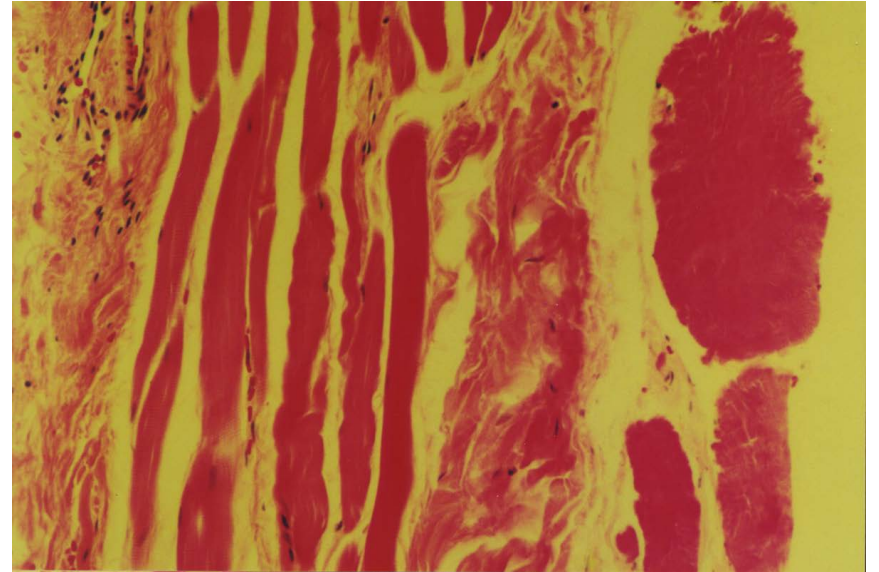


Grafted Platysma

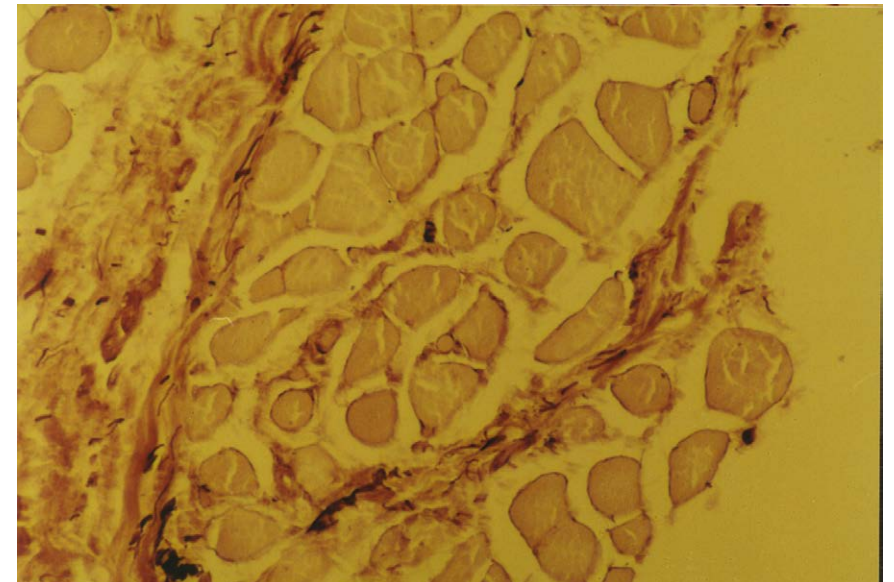
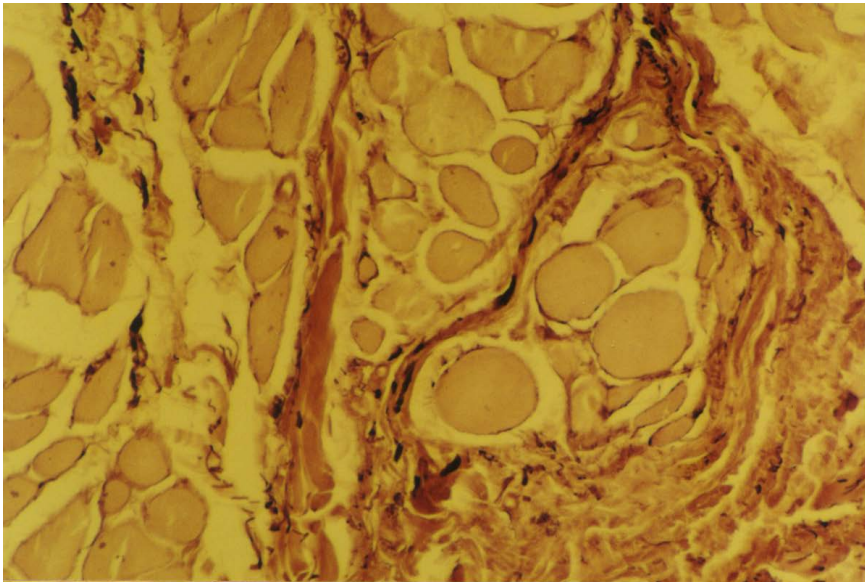
HE



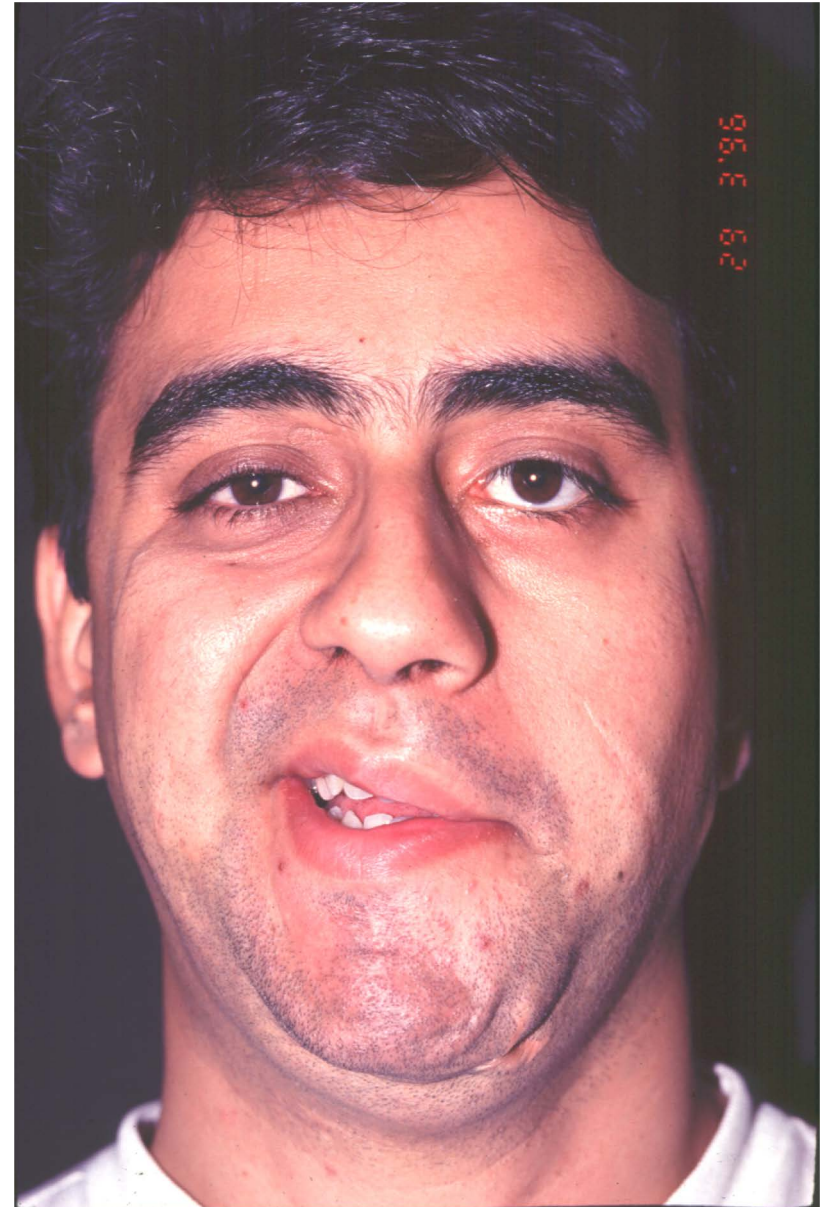
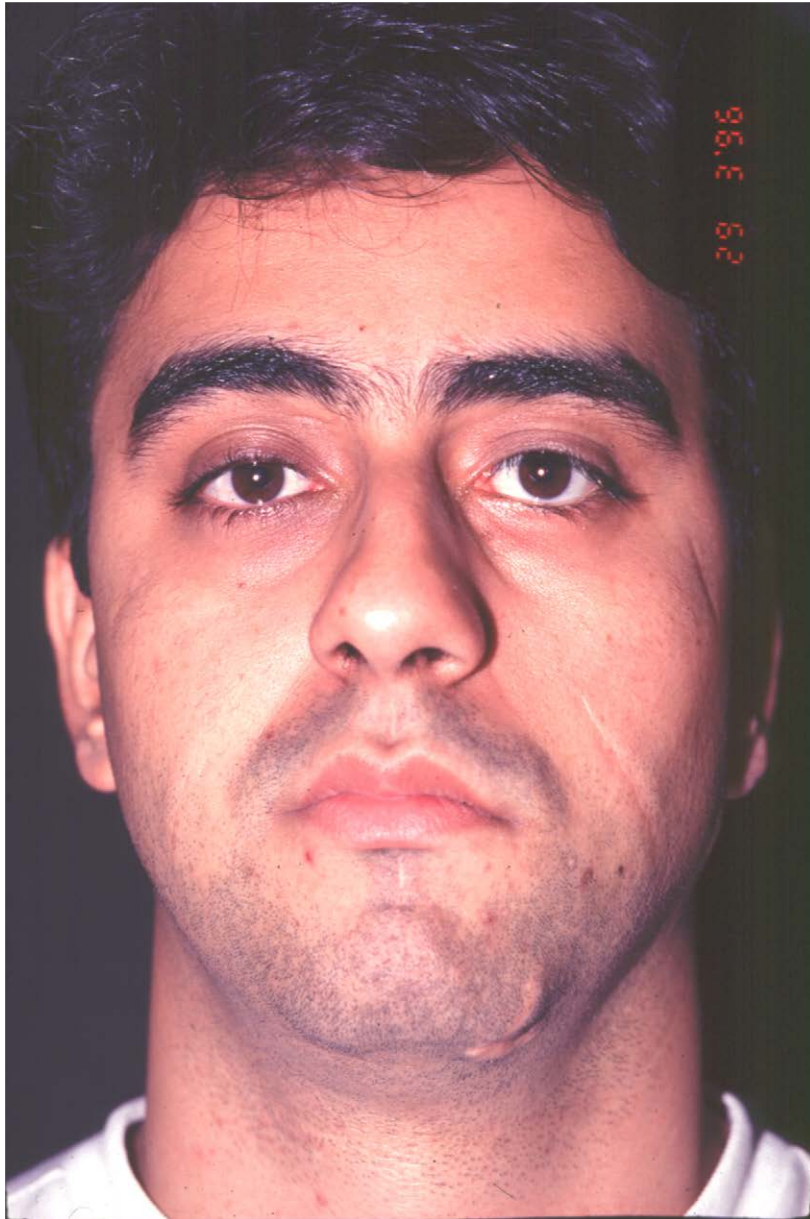
HE



RF (resorcine-fuc sine)



Pre-op status of a three years complete left facial paralysis after unsuccessful surgical attempt of neurotization by cross-face sural nerve grafts (note the scars on the face of the patient)



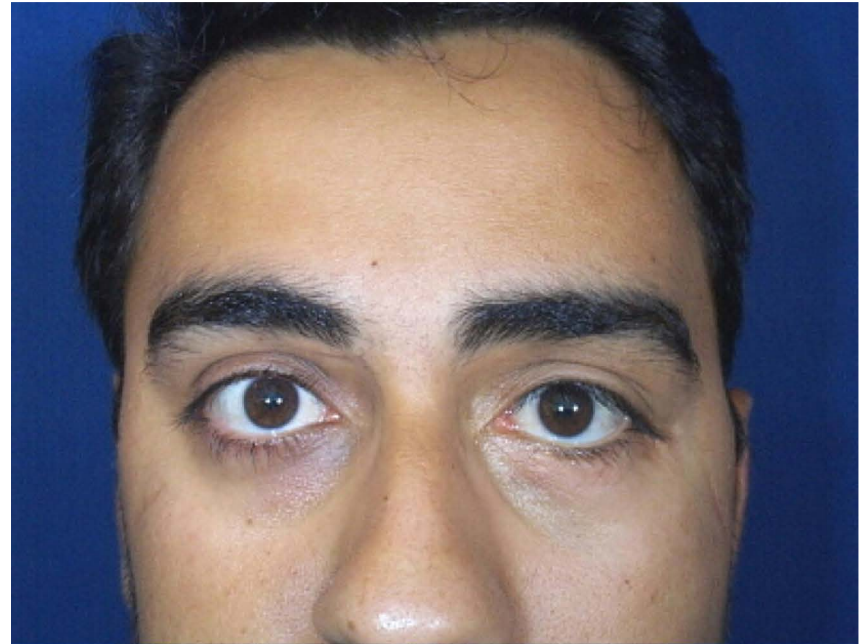
Post-op frontal view after neurotized platysma graft and pectoralis minor to the lower face. Bilateral medial antebrachial nerves were used to repeat the cross-face nerve grafting by us, at this time, prior to the muscle transfers.



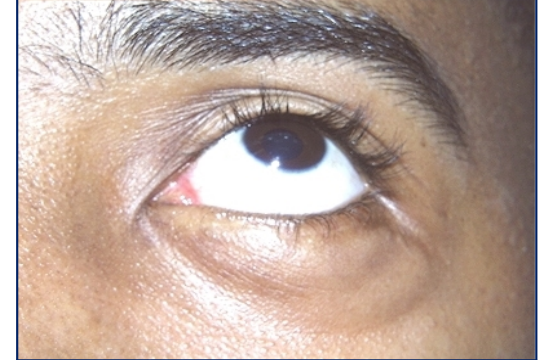
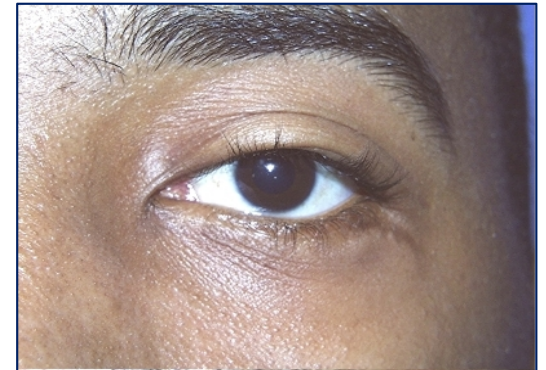
Pre-op status of a three years complete left facial paralysis after unsuccessful surgical attempt of neurotization by cross-face sural nerve grafts (note the scars on the face of the patient)



Post-op showing the
reanimated left eyelid in close
up pictures



Post-op of the patient number 6 in Table 2



Patient suffering from Moebius Syndrome with a scarce platysma that was used to reanimate his left eyelids with satisfactory result

