ELECTROMYOGRAPHIC EVALUATION OF MUSCLE FUNCTION IN TRANSPOSED TEMPORALIS USED FOR REANIMATION IN FACIAL PARALYSIS

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Dr. P. ANANTANARAYANAN

The human face is among the most complex musculo-skeletal units giving rise to a myriad of facial expressions and reflects every possible emotion the human mind can conjure. It is indeed a tragedy that a person should be deprived of the services of this irreplaceable system because of a disorder of the neural network igniting this unit. Facial paralysis, which may be caused due to various primary reasons, is one of the most embarrassing disabilities to put up with, denying the person his share of expressions.

Various surgeons starting from Lexer and Eden[1,5,7,20] in the early 1900s until recent times have propagated numerous techniques for putting life into the paralysed face. The dynamic muscular sling is by far the most successful technique for management of this disorder.

Introduced by Lexer and Eden[1,5,7,20] in 1911 this technique was popularized by the likes of Rubin[20], Baker and Conley[2] in the 1970s. Though widely practiced the dynamic sling for facial reanimation is very technique sensitive and requires meticulous planning, which includes selection of the donor muscle site, *determining the size, shape, contractile properties and neural* connections of the muscle belly.

The procedure has been studied extensively but has always been analysed on a subjective scale until recently, when in 1998