EDITORIAL COMMENT

Decompression of the labyrinthine segment of the facial nerve in acoustic neuroma surgery: a consideration for minimizing postoperative delayed facial nerve dysfunction

By Michael J. Holliday, M.D., and Prakash Sampath, M.D.

Prophylactic decompression of the labyrinthine segment of the facial nerve is an interesting suggestion for the management of delayed facial nerve palsy following acoustic tumor surgery. The authors report the incidence of delayed facial nerve palsy after microsurgical resection of vestibular schwannomas to be between 15% and 29%; however, this reviewer, who has moderate experience with acoustic tumor surgery, has no information that leads him to support those numbers. In this reviewer's judgment, if the nerve is electrically intact following surgery and delayed facial palsy occurs, the best thing to do is nothing. In this reviewer's experience facial function is universally recovered. Moreover, to decompress the facial nerve in the most narrow portion of the canal is in itself a high-risk procedure and probably should be performed only by the most experienced neurologist. This reviewer totally disagrees with the conclusions in this paper.

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