안면신경초종의 수술적 치료

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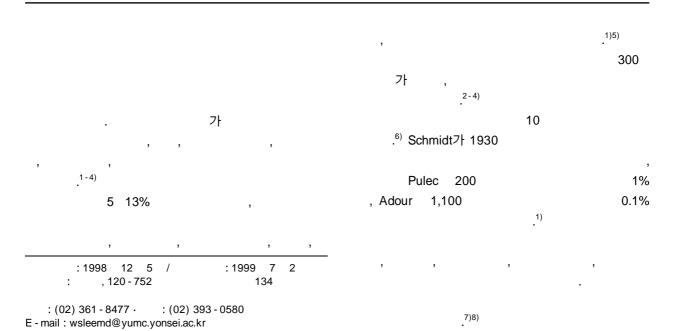## Surgical Management of the Facial Nerve Schwannoma

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ABSTRACT

Background and Objectives The facial nerve schwannoma, hard to diagnose due to its rareness and relatively slow growth rate, is best managed by surgical procedures. We have tried to find the most useful management strategy for the facial nerve schwannoma. **Materials and Methods** We reviewed 11 cases of facial nerve schwannoma which were surgically treated. We analyzed the treatment results according to the age of the patient, the size and site of the tumor and accompanying symptoms. **Results** The clinical manifestations were various and surgical approaches were determined according to the age, site and size of the tumor, preoperative facial nerve function and hearing. When the preoperative facial nerve functions were better than House-Brackmann grade , the results of the surgical treatments were favorable, but when worse than House-Brackmann grade , the results were unfavorable. **Conclusion** For the treatment of the facial nerve schwannoma, the site and size of the tumor, age of the patient, preoperative hearing level and facial nerve function are considered as the decisionmaking factors. We proposed the flow-sheet of the management of the facial nerve schwannoma. Patients with no or mild facial palsy preoperatively can be managed by enucleation only. Patients with more than moderate degree facial palsy or large tumor can be managed by total resection with reconstruction of the facial nerve, which results in somewhat unfavorable results in respect to the facial nerve function. **(Korean J Otolaryngol 1999;42:849-54)**

KEY WORDS Facial nerve schwannoma · Surgical management · Facial nerve function.

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House-Brackmann facial nerve grading .

Table 1. Summary of patients with facial nerve schwannoma

No	patient	Side	Symptom	Duration	PTA	Segment involved	Operation	Size (cm)	HB grade Preop/Postop	F/U
1	F/34	L	Ear Fullness Otalgia Hearing loss Eye jerking	5M	40/40	Tympanic Mastoid	TMA Graft(Sural N)	3*3		58M
2	M/61	L	Facial palsy Hearing loss	8Y	Deaf	GSPN Tympanic	TLA Resection only	2*2		10M
3	F/56	R	Otalgia Tinnitus	4Y	100/50	Tympanic Mastoid	TMA Graft(GAN)	1.5*1.5		41M
4	M/62	R	Parotid mass	5M	WNL	Main trunk	TPA Reanastomosis	2.5*2.5		9M
5	M/29	L	Facial palsy	1Y	WNL	Main trunk	TPA Resection only	3*2.5		13M
6	M/33	R	Tinnitus	2Y	50/40	Mastoid	TMA Enucleation	1.5*1.5		18M
7	F/34	R	Facial palsy	17M	45/24	GSPN Chorda	TMA MCFA Enucleation	1.5*1.5		9M
8	M/36	R	Facial palsy	2Y	35/25	IAC Labyrinthine GSPN Tympanic	TMA MCFA Graft(GAN)	2.5*2.5		23M
9	F/60	R	Parotid mass	2M	WNL	Mastoid Main trunk	TMA TPA Graft(GAN)	3.5*3.5		13M
10	M/42	L	EAC mass	3Y	50/45	Mastoid	TMA Enucleation	1.5*1.5		11M
11	F/49	L	Facial palsy	1Y	45/40	GSPN GG	TMA Residual tumor in GG	1.5*1.5		36M

GAN Greater auricular nerve, GG Geniculate Ganglion, TMA Transmastoid approach,
TPA Transparotid approach, TLA Translabyrinthine approach, MCF Middle cranial fossa approach

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        4   (enucleation)
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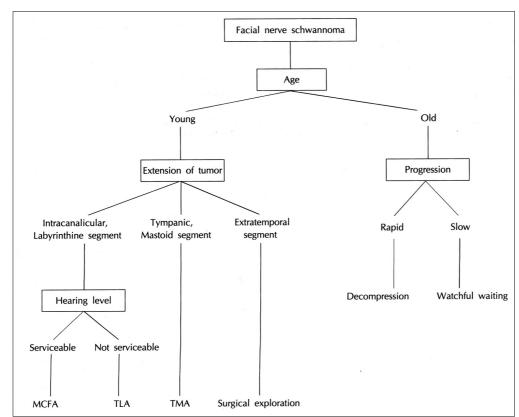
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Fig. 1. Flowsheet of decision making in the treatment of the facial nerve schwannoma. MCFA Middle cranial fossa approach, TLA Translabyrinthine approach, TMA Transmastoid approach.

Fig. 1

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