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CLINICAL AND THERAPEUTIC ASPECTS OF FACIAL NERVE NEURITIS

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Annotation: This article presents the topic “Facial nerve neuritis”. Facial neuritis is a condition characterized by inflammation and damage to the seventh cranial nerve, leading to asymmetric paralysis of the facial muscles. The article describes the etiology, risk factors and clinical picture of this condition, emphasizing the importance of timely diagnosis and treatment. A review of preventative measures and regular medical examinations highlights the importance of prevention and early detection of facial neuritis.

Keywords: facial neuritis, paralysis, physiotherapy, massage.

Аннотация:Данная статья представляет собой краткий обзор темы "Неврит лицевого нерва". Неврит лицевого нерва – это состояние, характеризующееся воспалением или повреждением седьмого черепного нерва, ведущего к асимметричному параличу мимических мышц лица. Статья рассматривает этиологию, факторы риска и клиническую картину этого состояния, подчеркивая значение своевременной диагностики и лечения. Обзор профилактических мер и регулярных медицинских осмотров подчеркивает важность предотвращения и раннего обнаружения неврита лицевого нерва.

Ключевые слова: неврит лицевого нерва, паралич, физиотерапия, массаж

Relevance of the Problem. Facial nerve neuritis is a condition characterized by paralysis of the facial muscles caused by inflammation or damage to the seventh cranial nerve. Anatomically associated with the face, this nerve plays a crucial role in maintaining normal facial expressions and sensory innervation. Facial nerve neuritis can be triggered by various factors, including viral infections such as herpes and varicella, trauma, stress, and genetic predispositions. Identifying the main risk factors is essential for the effective prevention and treatment of this condition.

Purpose: The purpose of this article is to raise awareness about facial nerve neuritis and to support both patients and medical professionals in developing individualized strategies for the diagnosis, treatment, and rehabilitation of this condition.

Clinical Presentation and Diagnosis.

The main symptoms of facial nerve neuritis include asymmetric paralysis of the facial muscles, weakness, or loss of facial movements. Patients may also experience difficulty closing the eye, altered taste perception, and increased sensitivity to sounds. Differentiating between peripheral and central neuritis is essential for accurate diagnosis.

Diagnosis is primarily clinical, supported by instrumental and laboratory methods. Electromyography (EMG) is used to evaluate the degree of nerve damage and muscle denervation. Blood tests for viral infections may identify the underlying etiology. Imaging studies such as MRI or CT can help exclude other causes of facial paralysis, including tumors, ischemic stroke, or trauma. Accurate and timely diagnosis is essential for determining the optimal treatment plan and improving recovery outcomes.

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Treatment and Rehabilitation.

Facial nerve neuritis is generally treated on an outpatient basis. Management includes pharmacotherapy, physiotherapy, and, in some cases, surgical intervention. Drug therapy aims to reduce edema and inflammation through the use of corticosteroids and non-steroidal anti-inflammatory drugs (NSAIDs).

If facial nerve neuritis is secondary to other conditions, etiological treatment is indicated — for example, antibiotics or antiviral agents. The duration of pharmacological therapy usually ranges from 10 to 15 days. Afterward, treatment is supplemented with physiotherapy, which continues until facial symmetry and functional recovery of the facial muscles are achieved.

If pharmacological therapy fails and significant asymmetry persists, surgical correction may be indicated. This method has proven effective in cases involving lesions of the facial nerve segments located in the mastoid process, middle ear, or labyrinth regions. Surgery is also indicated in cases of complete paralysis of the facial muscles.

Prognosis and Preventive Measures.

The prognosis for the recovery of facial muscle function after facial nerve neuritis depends on multiple factors. Rehabilitation techniques, including physiotherapy, play a vital role in restoring functionality and reducing the effects of paralysis. Preventive measures are emphasized, including stress reduction, vaccination against viral infections, and precautionary measures to avoid facial injuries. Regular medical check-ups can help identify risk factors and initiate early treatment.

Conclusions.

A review of recent scientific studies highlights the latest advances in the field of facial nerve neuritis, new diagnostic methods, and treatment perspectives, including the use of modern technologies. Facial nerve neuritis is a serious condition that requires a comprehensive approach to diagnosis and management. Timely diagnosis, adequate treatment, and effective rehabilitation are crucial for restoring facial nerve function and improving patients' quality of life.

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