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BOOK REVIEW

FACIAL NERVE DISORDERS AND DISEASES: DIAGNOSIS AND MANAGEMENT

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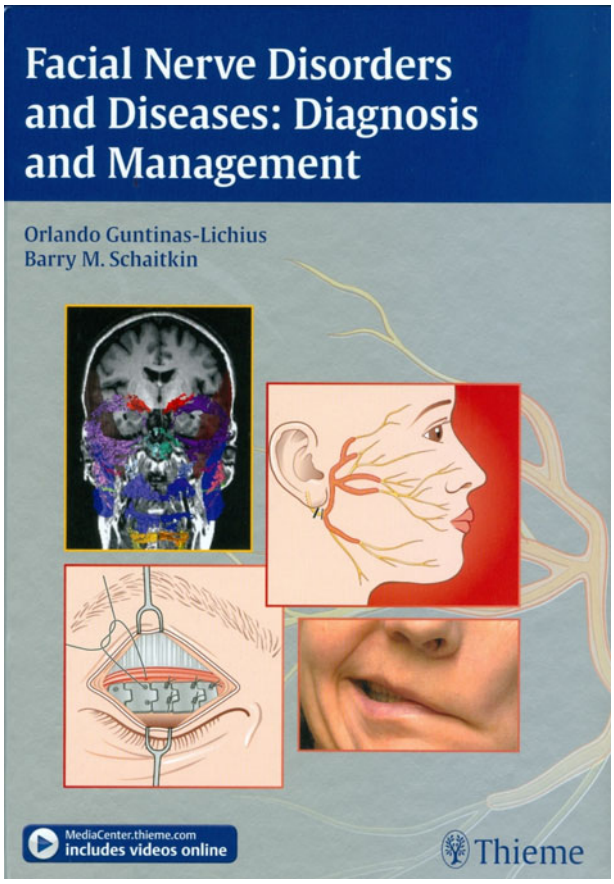

The Foreword, by Eugene Myers, talks of a realisation that there was 'no current textbook devoted entirely to disorders of the facial nerve'. Well, I opened this book fearing the opposite, having reviewed a couple for this journal quite recently. I soon appreciated that one cannot do better than this, if seeking an all-encompassing textbook on pathology, diagnosis and management of facial nerve disorders. Dr Myers' Foreword actually does the work of any reviewer, informing us of what is different and novel. He tells of his own experience, forced into parotid surgery, as local colleagues had more sense than to tackle something that challenging. In a second Foreword, Johannes Manni recommends chapters on paediatric disorders, and intra-operative nerve monitoring and grading, and I freely admit I learnt much from each.

The text is set out in easily-followed paragraphs, with subheadings and, especially, bullet points. These can seem an afterthought in some books, but not here. There were countless 'I did not know that' moments for this ignorant reviewer. I may have been lost by 'In contrast to spinal motoneurons, the facial motoneurons are not functionally coupled to γ motoneurons and feedback inhibitory (Renshaw) interneurons', but feel I should know this and am better for it. More typical was 'Contralateral recurrence is more common than ipsilateral in Bell's palsy (2:1)'. Now I think about it…, but I never have.

Diagrams of anatomy and surgery are a model of clarity. I was fascinated to read of types I–VI for patterns of facial nerve branching, after leaving the ear. I wrongly guessed type III to be by far the commonest (which turns out to apply in only 27 per cent of cases!). Colour illustrations abound, many reflecting just how disfiguring a facial palsy can be, once atrophy sets in. I could not help but chuckle at the expression (asymmetric, but strangely appealing) of a white rat with a facial weakness, when contrasted with his more fortunate, identical companion. Imaging is superbly reproduced, with all the enhanced nerve trunks, skull base fractures and eroded bony canals that one expects.

For most of us, a patient with a sudden onset isolated facial palsy means the rapid start of steroids and assurance of early recovery. The list of systemic illness that may be involved is instructive, however. Sarcoidosis and Lyme disease (which get major coverage of course) we might consider. If you should open this book, see Table 4.2 for the 'diagnostic work up', and contrast it with most UK customs and practices. Mind you, go to Figure 4.5 and see what a facial nerve assessment laboratory should look like and weep.

Electrophysiology gets some very sensible coverage, with recent advances allied to common sense. Grading systems abound (which always tells us something) and are compared in detail, whether House–Brackmann, Stennert, Sunnybrook, Yanagihara or May, not to mention objective systems! A section of the book is devoted to 'Importance of the Facial Nerve for Communication and Emotion', something all too easily overlooked in consideration of nerve repair and reanimation.

Intra-operative monitoring is repeatedly covered in detail. Remembering a very young Jack from my Michigan days, I was amused to read of 'Kartush Stimulating Instruments', indeed illustrated twice, but fortunately these are less risqué than I had feared. A nice chapter on Botox and fillers I worried would suggest that ageing was a 'facial nerve disorder', but instead it nicely covers treatment of synkinesis, Frey syndrome and epiphora. There is a

long chapter on training programmes, including mime therapy and biofeedback, which is honest in suggesting that the evidence base is, at best, sparse. The final chapter 'Medicolegal Aspects of Iatrogenic Facial Nerve Palsy' would probably be the first that most of us read. There was another 'I did not know that' moment for me, there. The highest rate of successful litigation is associated with surgery of the temporomandibular joint, not the ear or parotid, after all!

The content is far more comprehensive than this brief review suggests (e.g. facial transplantation, online videos and applied science, to promote nerve regeneration). This book should appeal to any otologist, head and neck respective surgeon, or, I now realise, maxillofacial surgeon, whether experienced or trainee. It is very easily 'dipped into' and superbly presented.

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