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CLINICAL ARTICALE

USE OF SELF-SUSTAINING APTOS CAPROLACTONE PLA THREAD FOR CORRECTION OF HEMIFACE DEVIATION PRESENTING AS LATE RESULT OF FACIAL PARALYSIS. CASE SERIES REPORT

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Abstract

Objective: To evaluate the use of self-sustaining APTOS Caprolactone PLA Thread for correction of hemiface deviation presenting as late result of facial paralysis.

Methods: The study included 8 patients with of facial paralysis an average age of 54.6 years, of whom 57% were women underwent a combination Aptos thread lifting, from 2020 to 2022.

We used a Caprolactone PLA thread to correct the deviation of the paralyzed hemiface. It is a unifilament, Caprolactone PLA thread absorbable thread that has hooks that exert traction in the ptotic tissues, keeping them in the correct position, in symmetry with the healthy side. The results were evaluated by subjective analysis, with an assessment patient satisfaction with the questionnaire.

Results: Patient's satisfaction rate of 97.6%. No patient developed an infection.

Conclusion: The use of APTOS Caprolactone PLA thread to correct the deviation of hemiface consequent to facial palsy markedly improved facial asymmetry and recovery of patients' self-esteem.

Keywords: Facial paralysis. Facial muscles. Facial nerve. Cranial nerve diseases. Surgery

Introductin

Facial paresis is a condition associated with VII cranial nerve function loss. The facial nerve has an intricate course; It innervates up to 20 muscles and consists of parasympathetic, afferent somatic, efferent, and branchiomotor fibers. Facial injury can be on the trunk or any of its branches: temporal, zygomatic, buccal, mandibular or cervical ¹⁻⁴.

It can be permanent or temporary. Facial paralysis often leads to functional and physiological impairment in patients, and they often suffer from social stigma ^{5,6}.

Peripheral paralysis of the facial nerve is characterized by damage to the facial nerve; its consequence is a decrease or loss of mobility of the affected muscles of the half-face, from the eyebrows to: the mouth, which leads to a deviation from this half-face to the sound side. The severity of facial paresis manifestation depends on the underlying cause.

Long-term facial paralysis often manifested by facial asymmetry, impaired eye movement, speech, and ability to chew food, the patient's eyebrows may droop, nasolabial folds may flatten, beards and

eyebrows may appear, lips may lose volume, and neck wrinkles may droop (fig. 1) ^{7,8}.

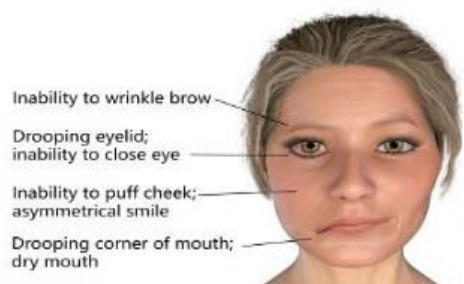


Figure 1: Facial paralysis

Drooping of the mouth leads to an inability to smile, facial expressions can be perceived as being in a state of constant displeasure. Facial skin and soft tissues on the affected side become flabby and sagging. Long-term, severely damaged facial paralysis leads to degeneration of facial muscle fibers.

Clinically, facial paralysis is defined as complete if the patient has a complete loss of motor function in the affected side of the face, or if the paralysis worsens to complete paralysis during an inpatient course of treatment. Otherwise, paralysis is defined as incomplete paralysis ⁹⁻¹¹. The degree of dysfunction of the facial nerve is not classified as "paresis" = incomplete loss of function of the facial nerve and "paralysis" = complete loss of function of the facial nerve. Instead, we use here the general terms "paralysis" or "facial nerve dysfunction" ¹².

Facial paresis rehabilitation requires an interdisciplinary a team consisting of a neurosurgeon, an ophthalmologist, otolaryngologist, microsurgery specialist, plastic surgeon, physiotherapist, speech therapist and psychologist, among them: other experts.

In many patients, facial nerve damage is permanent, resulting in irreversible consequences, causing severe functional disorders, aesthetic and psychological, which require adequate surgical treatment.

In surgical rehabilitation of the paralyzed face, it is crucial to know the diagnosis and possible techniques for reconstruction, whether primary, direct or indirect, or secondary. Facial reconstructive surgery approaches treating facial paresis can be divided into two groups static and dynamic. The dynamic treatment approach addresses function while static treats facial deformities. For the treatment of facial paralysis, various methods are currently used such as grafts, of weight and suspensive implants, passive

and active supports, muscle transposition and free muscle and nerve ¹³⁻¹⁵.

All up-mentioned techniques represent a major surgical intervention lasting more than 6 hours with limited outcomes.

These techniques Procedures are usually included multi-stage operations, hospitalization and not always the desired result.

In addition to these methods are used, other methods, such as blepharoplasty, correction ¹⁶⁻²².

Applicable techniques for restoring facial symmetry after facial paralysis such as masseter or temporalis muscle transplantation, transverse facial nerve transplantation and free muscle transplantation; although it can improve facial symmetry, it is associated with more downtime and several complications.

Among the known minimally invasive procedures, the most convenient is the thread lift procedure, the biggest advantage of this procedure is the simplicity of the procedure, which can be performed under local anesthesia at the point of entry ²³⁻²⁶. The basic principle of the thread lifting procedure is to place the toothed threads in the subcutaneous plane along the intended trajectory and pull to achieve the desired lift, after which the threads are fixed and cut close to the skin surface.

It is an effective and simple procedure compared to a traditional facelift. Side effects can range from bruising to the introduction of a superficial infection. Among the minimally invasive methods currently polypropylene threads have found wide application for the correction of facial paralysis goals, by static stabilization injured half face ^{27, 28}.

Their advantages: biocompatibility, low complexity application surgical technique, low cost of operation, without the need for hospitalization, providing high degree of patient satisfaction. Their advantage lies in the fact that they can be used in combination with other procedures.

Aptos Threads unique designs improvement of facial symmetry and functionality can be achieved.

In 1999, Russian physician and researcher Dr. Marlen Sulamanidze developed and patented a jagged polyurethane thread (APTOS - Anti-PTOsis) for facial support and used it for aesthetic purposes, dubbed "Russian thread". Later, in 2004, this thread was improved to include double and triple barbs, increased traction and support, and began to be used

to correct deviated half face caused by delayed facial paralysis²⁹⁻³³.

There are two main types of APTOS threads. There are: absorbable and non-absorbable, the first ones are absorbed and completely excreted from the body on their own about a year after the introduction. The lifting effect lasts up to three years, depending on the patient's physiological characteristics, lifestyle and adherence to recommendations during the rehabilitation period.

The effect of non-absorbable threads lasts up to five years, but they do not require removal even after the end of their action. Exceptions are individual cases at the request of the patient. APTOS absorbable thread which contains hyaluronic acid. With the introduction allows the doctor to achieve a highly effective result. Positioning Aptos threads in subcutaneous tissue gives fission ability to elevate, fixate and create a volume of tissue in affected areas. Use of triple- convergence APTOS Caprolactone PLA Thread for the aesthetic correction of partial facial paralysis caused by the facial nerve injury^{34, 35}. Aptos thread lifting methods evolved over time. What's more, the delayed response to these strands also showed increased collagen and elastin synthesis around them, increasing their support. In surgical planning, although restoration of function is very important, a large number of patients with late sequelae will benefit from a purely static correction of the affected half of the face, showing how important aesthetics are in people with markedly reduced image and self-esteem. In addition, these procedures, such as the use of self-sustaining sutures, are characterized by low morbidity, can be performed in an outpatient setting with low material costs, and also present a short learning curve.

This study was designed to evaluate the efficacy and safety of APTOS Caprolactone PLA thread face lift technique in patients with facial palsy and facial asymmetry. Long term efficacy and the safety issues were also assessed in these patients.

The study included 18 patients with of facial paralysis an average age of 54.6 years, of whom 57% were women underwent a combination Aptos thread lifting, from 2020 to 2022.

Methods Indications

Facial asymmetry; More than one year of facial paresis without improvement;

Electromyoneurography data showing the absence of electrical and graded potential; Need for correction after surgeries

Treatment outcome was assessed by the Global Aesthetic Improvement Scale both subjectively (patient satisfaction score) and objectively (blind surgeon score).

The patients underwent a photographic I carried out the technique of correcting the deviation of the affected hemiface with the use of APTOS Caprolactone PLA thread. It is a unifilament, absorbable thread, which has barbs that exert traction on ptotic tissues, keeping them suspended and in the correct position, in symmetry with the normal side.

The introduction of these threads is done through proper cannulas, in a surgical plane that lies between the subcutaneous tissue and superficial muscle-aponeurotic system. The technique used consisted of a previous marking, with demographic pen, of the paths to be passed by the threads, the points used for the suspension of the affected hemiface (fig. 2).



Figure 2: Marking before face lift using APTOS Caprolactone PLA

Used local infiltrative anesthesia with a solution corresponding to 2% xylocaine and adrenalin in the ratio of 1:200,000. After infiltration of the anesthetic, a 20cm-length cannula was introduced, whose light permitted the passage of the thread through the demarcated areas. In the distal area the thread exerted traction in the ptotic tissue with its barbs, and in the proximalt was fixated to the periosteum. The normal side was injected with BOTOX 30 Unit to relace the tension of the other side. At the end of the procedure prepared a dressing, Corset which should remain in place for one week. Within a few days after the introduction of the threads, mumps, small hematomas, bumps, slight asymmetry and swelling may appear on the skin of

the face, such symptoms will not completely disappear within 1-2 weeks (fig. 3, 4).



Figure 3a: Before the face lift procedure, a patient with facial paralysis using APTOS Caprolactone PLA

Figure 3b: Result after correction of hemiface deviation



Figure 4a: Before the face lift procedure, a patient with facial paralysis using APTOS Caprolactone PLA.

Figure 4b: Result after correction of hemiface deviation

Results

The evaluation after the procedure showed what patient felt about their results (80%) great improvement.

No Complications were found post procedure. No any infection or reaction to the thread.

In the pre and postoperative fazes of application of the APTOS Caprolactone PLA thread.

Discussion

Patients with late facial paralysis show a facial aesthetic asymmetry consequent to the facial nerve injury ^{36, 37}.

The goal to be reached by the surgeon is to provide the patients with a dynamic or static suspension of the paralyzed side as opposed to the normal side, creating a harmonious and aesthetically symmetrical animation.

Facial paralysis paralysis of facial muscles, leads to impaired facial movements and lack of facial expressions.

Acute facial palsy can be caused by a variety of causes including stroke, infections, autoimmune diseases, neurological disorders, tumors, surgery, and trauma. This type of facial paralysis occurs over a

short period of time, usually less than three days, tends to be severe, and may show some improvement over time. Chronic facial palsy develops over a longer period of time and tends to get worse over time and be the most worrying Unilateral facial paralysis in middle-aged individuals causes progressive soft tissue laxity and loss of subcutaneous tissue volume, leading to drooping of the eyebrows, protrusion of the orbital margin, flattening of the nasolabial folds, and chin formation, similar to the aging process. The treatment of facial paralysis is a manifestation and individualized in planning, which is necessary, requires careful discussion with the patient of the comparison of risk and the preferred choice of treatment in accordance with life goals and quality ^{38, 39}.

The management of patients with facial paralysis often requires complex clinical decisions ⁴⁰⁻⁴⁴.

Surgical facelift is an option to correct this asymmetry, however it is invasive and has many complications as well as long downtime. This procedure can also be combined with other minimally invasive procedures such as botulinum toxin injection or on the contralateral side.

Patients with late facial paralysis show a facial aesthetic asymmetry consequent to the facial nerve injury. The goal to be reached by the surgeon is to provide the patients with a dynamic or static suspension of the paralyzed side as opposed to the normal side, creating a harmonious and aesthetically symmetrical animation. The study included 8 patients with of facial paralysis. The results were evaluated by subjective analysis, with assessment of patient satisfaction with a proper questionnaire. No complications were found post procedure. No patient developed infection.

Patient satisfaction score felt about their results 86% reported great improvement.

Conclusion

The use of APTOS Caprolactone PLA thread to correct the deviation of hemiface consequent to facial palsy markedly improved facial asymmetry and recovery of patients' self-esteem.

Conflict of Interest: The author declares that he has no conflict of interest and there was no external source of funding for the present study.

Financial Disclosure: None of the authors have any relevant financial relationship(s) with a commercial interest.

Consent Statement: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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ԻՆՔՆԱՊԱՀՈՎՎՈՂ APTOS CAPROLACTONE PLA ԹԵԼԵՐԻ ՕԳՏԱԳՈՐԾՈՒՄԸ ԴԵՄՔԻ ԿԱՌՎԱԾԻ ՈՒՇ ՀԵՏԵՎԱՆՔ ՀԱՆԴԻՍԱՑՈՂ ԿԻՍԱԴԵՄԻ ՇԵՂՈՒՄՆԵՐԻ ՇՏԿՄԱՆ ՀԱՄԱՐ

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Ամփոփում

Նպատակը: Գնահատել ինքնապահպանվող APTOS Caprolactone PLA թելերի կիրառումը դեմքի կաթվածի ուշ հետևանք հանդիսացող կիսադեմի շեղման ուղղման համար:

Մեթոդներ: Հետազոտությունը ներառում էր դեմքի կաթվածով 18 հիվանդ՝ (միջին տարիքը՝ 54,6 տարեկան, 57%-ը կանայք), որոնց մոտ 2020-2022 թվականներին կիրառվել էր Aptos PLA թելեր՝ կիսադեմի շեղման ուղղման համար: Սա միայնակ, Կապրոլակտոն PLA-ով ներծծված թել է, որն ունի կեռիկներ, որոնք ձգում են հյուսվածքները՝ պահելով դրանք ճիշտ դիրքում՝ առողջ կողմի հետ համաչափ:

Արդյունքները գնահատվել են սուբյեկտիվ վերլուծության միջոցով՝ գնահատելով հիվանդի բավարարվածությունը հարցաթերթիկից:

Արդյունքներ: Հիվանդների բավարարվածության մակարդակը 97,6% է: Ոչ մի հիվանդի մոտ վարակ չի առաջացել:

Եզրակացություն: APTOS Caprolactone PLA թելի օգտագործումը դեմքի կաթվածի հետևանքով կիսադեմի շեղումը շտկելու համար զգալիորեն բարելավեց դեմքի ասիմետրիան և հիվանդների ինքնագնահատականի վերականգնումը:

ИСПОЛЬЗОВАНИЕ САМОПОДДЕРЖИВАЮЩЕЙСЯ НИТИ APTOS CAPROLACTONE PLA ДЛЯ КОРРЕКЦИИ ОТКЛОНЕНИЯ ПОЛОВИНЫ ЛИЦА, ЯВЛЯЮЩЕЙСЯ ПОЗДНИМ РЕЗУЛЬТАТОМ ПАРАЛИЧА ЛИЦЕВОГО НЕРВА

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Резюме

Цель: Оценить использование самоподдерживающейся нити APTOS Caprolactone PLA для коррекции для коррекции отклонения половины лица, являющейся поздним результатом паралича лицевого нерва.

Методы: в исследование включено 18 пациентов с параличом лицевого нерва, (средний возраст 54,6 года, из них 57% женщин), которым проводилась комбинированная нитевая подтяжка Aptos, с 2020 по 2022 год. Использовались нить Caprolactone PLA для коррекции отклонения парализованной половины лица. Это унифиламентная рассасывающаяся нить Caprolactone PLA, имеющая крючки, которые оказывают натяжение в опущенных тканях, удерживая их в правильном положении, симметрично здоровой стороне.

Результаты оценивались субъективным анализом с оценкой удовлетворенности пациентов анкетой.

Результаты: Уровень удовлетворенности пациентов 97,6%. Ни у одного пациента не развилась инфекция.

Заключение: Использование нити APTOS Caprolactone PLA для коррекции отклонения половины лица, вследствие паралича лицевого нерва заметно улучшило лицевою асимметрию и восстановило самооценку пациентов.