



## Microvascular decompression for hemifacial spasm: Outcome on spasm and complications. A review

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Mots-clés	Hemifacial Spasm [3], Humans [4], Microvascular Decompression Surgery [5], Neurosurgical Procedures [6], Reoperation [7], Stroke [8], Treatment Outcome [9]
Résumé en anglais	<p>Over the last decades microvascular decompression (MVD) has been established as the curative treatment of the primary Hemifacial Spasm (HFS), proven to be linked in almost all cases to a neurovascular compression of the facial nerve. Because the disease is not life-threatening and MVD not totally innocuous, efficacy and safety have to be weighted before decision taken of indicating surgery. The authors have been charged by the French Speaking Society of Neurosurgery to conduct a detailed evaluation of the probability of relief of the spasm that MVD is able to obtain, together with its potential complications. For the review, the authors have gone through the reports available from the Pubmed system. Eighty-two publications have been read and analysed, totalizing more than 10,000 operated cases. In most series, the percentage of patients with total relief ranged between 85% and 90%. Relief was obtained after a certain delay in as many as in 33%±8% of the patients in many series. For those, delay lasted around one year in 12% of them. When effect of MVD was considered achieved, relief remained permanent in all but 1%-2% of the long-term followed patients. As regards to complications, risk of permanent cranial nerve deficit was evaluated at 1%-2% for facial palsy, 2%-3% for non-functional hearing loss, 0.5%-1% for lower cranial nerve dysfunction. Risk of stroke was at 0.1% and mortality at 0.1%. CSF leakage and related complications could be reduced at less than 2% in most series provided careful closing techniques be applied. Complications were at a higher rate in repeated MVD. MVD is an effective curative method for almost all the patients affected with primary HFS. Because MVD for HFS is functional surgery, scrupulous consideration of its potential risks, together with the ways to avoid complications are of paramount importance. When MVD is estimated to have failed, it is wise to wait one year before considering to repeat surgery, as number of patients may benefit from delayed effect. This is the more so as important as repeated surgery entails a higher rate of complications.</p>

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