Moebius Syndrome - Case Report

Jasmine P Kalyani

Tirunelveli Medical College

Among the developmental disorders of the facial nerve there are two entities-Mobius syndrome and absence of facial musculature.

Pontine Nucleus

Motor nucleus of the facial nerve lies within the reticular formation of the lower border of the pons bordered dorsally by the trigeminal nucleus and ventromedially by the superior olivary nuclei

There are 4 cell groups within the motor nuclei

Dorsomedial group-posterior Auricular nerve-Auricular and occipital muscles

Ventromedial group-cervical branch-platysma

Intermediate group—Temporal and zygomatic branch innervates stapedius

Lateral group-Buccal and Mandibular nerve

Dorsal or accessory facial nuclei-stylohyoid or posterior belly of digastric

Nerves intermedius{GVA, SVA & GVE} Sensory nucleus Parasympathetic nuclei Gustatory nuclei

Approximately 30 to 40 percent of children with Moebius syndrome have some degree of autism.

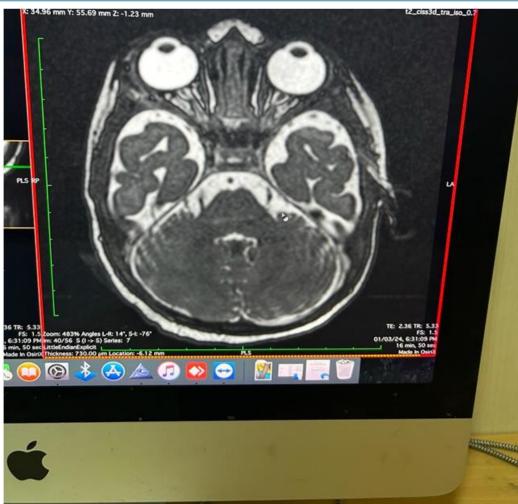
There is no cure for Moebius syndrome. In spite of the challenges that Moebius syndrome brings, people living with the disorder may have an average life expectancy if they get proper care and treatment.

Moebius syndrome is a rare birth defect that mainly affects the muscles that control facial expression and eye movement. It is caused by the absence or underdevelopment of the sixth and seventh cranial nerves, which control eye movements and facial expression.

This patient presents with no other associated congenital abnormalities. Neuroimaging was done which revealed

absence of the facial nerve on the right side. This case is being presented for its rarity.



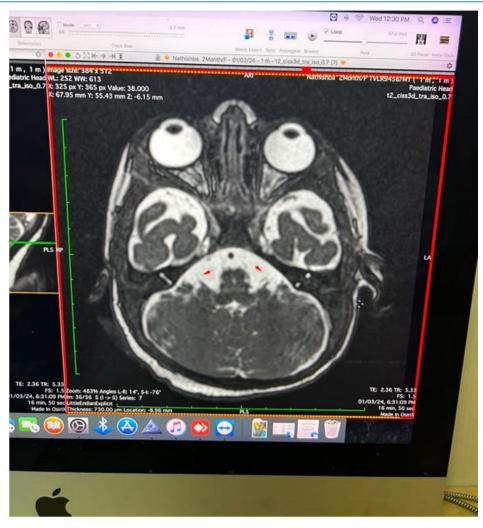


For the patients with a peranant facial paralysis despite medical and surgical treatment many surgical options are available to improve facial function and appearance.

- Static sling procedures with facia lata or alloplastic strips
- Dynamic procedures with temporalis or masseter transplantation
- Hypoglossal-facial nerve yransplantation
- Cross facial nerve grafting
- Free muscle grafts
- Microvascular free nerve muscle grafts
- Placement of gold weights or strings within the upper eye lid
- Canthoplasty
- Lower lid shortening
- Brow or face lift
- Entropion/ectropion repair

Lip transposition

Facial neuromuscular training utilising biofeedback help improve recovery and inhibit their synkinesis



Conclusion

MOBEIUS SYNDROME signs and symptoms may vary and because of its extreme rarity it is presented herewith. To make this article interesting Iam presenting certain interesting photos here.

