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شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات
لم ترد بالأصل



Extra-axial Lower Motor Neuron Facial Palsy MRI and CT Findings

Thesis

*Submitted in partial fulfillment of the M.D. degree in
Radiodiagnosis*

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Abstract

The facial nerve is a mixed motor, secretomotor, and sensory nerve. The facial nerve can be divided into six segments : the cisternal segment in the cerebellopontine angle cistern; the canalicular segment in the internal auditory canal ; the petrous or labyrinthine segment ; the horizontal or intratympanic segment; the vertical or mastoid segment posterior to the external auditory canal; and the intraparotid segment inferior to the stylomastoid foramen. The aim of this work is to study the CT & MRI anatomy of the facial nerve as well as the various pathologic processes affecting it along its intracranial, intratemporal & extracranial course. Sixty-eight cases complaining of lower motor neuron facial palsy underwent clinical examination, either CT, or MRI examinations or both. Patients were classified into five groups regarding the etiological cause of lower motor neuron facial palsy. Group I traumatic; Group II Bell's palsy; Group III inflammatory; Group IV Neoplastic; Group V Miscellaneous.

We concluded that CT examination is the best modality for evaluating the facial nerve canal while enhanced MR imaging will show the nerve itself and various pathologic processes implicating the facial nerve along its course from the cerebellopontine angle to its extracranial portion in the parotid gland. CT is the modality of choice for diagnosis of traumatic cases as well as the bony changes in inflammatory and other miscellaneous conditions. Bell's palsy cases need clinical and electroneurographic evaluation at first. Only atypical cases that do not respond to physical and medical treatment over 2 months duration need further evaluation by enhanced MRI examination of the petrous bone.

Key words

Facial nerve.

Extra-axial lower motor neuron.

Internal auditory canal

Cisternal, labyrinthine, tympanic, mastoid and intraparotid segments.

High resolution CT and MR imaging.

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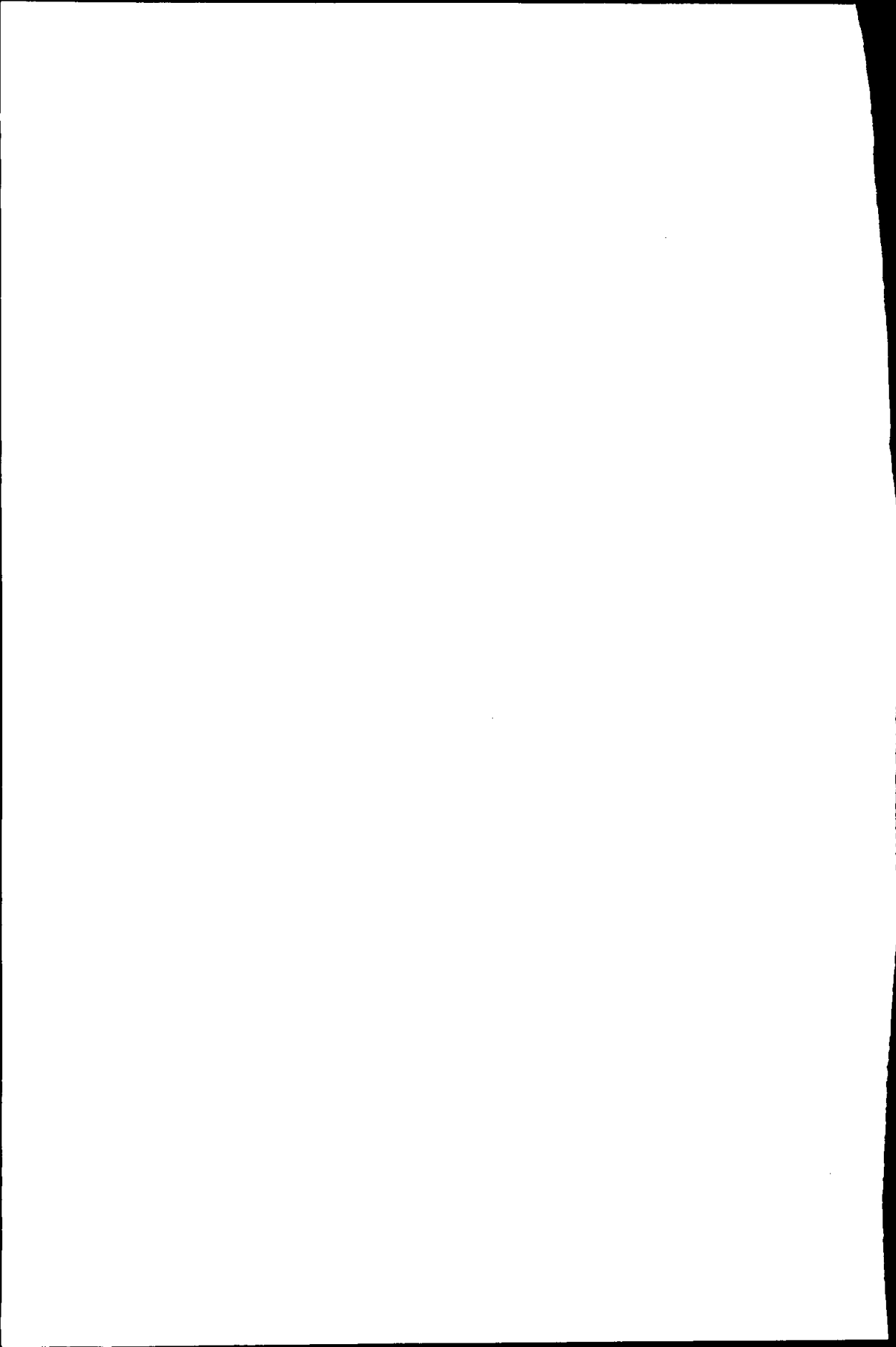
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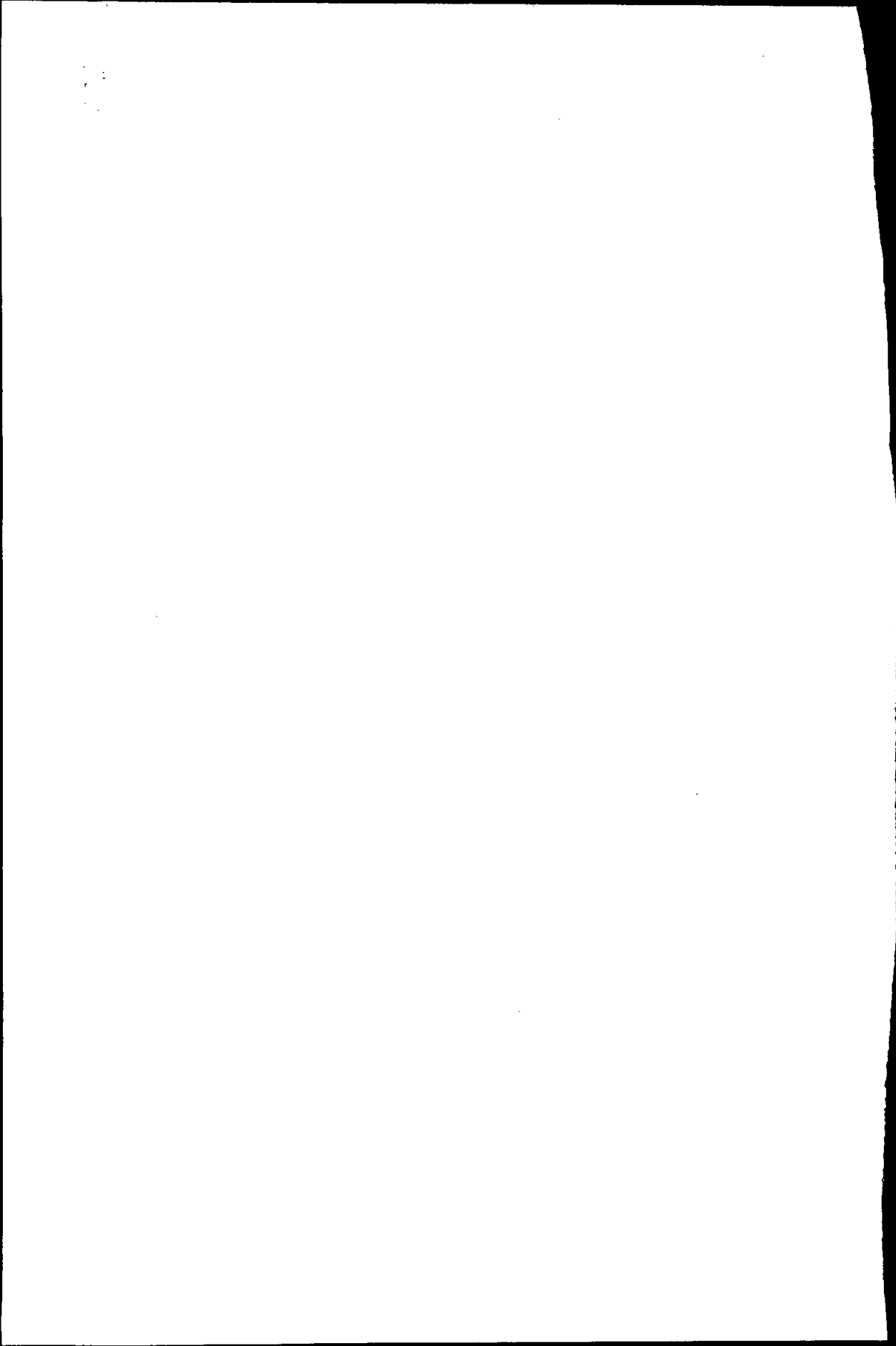
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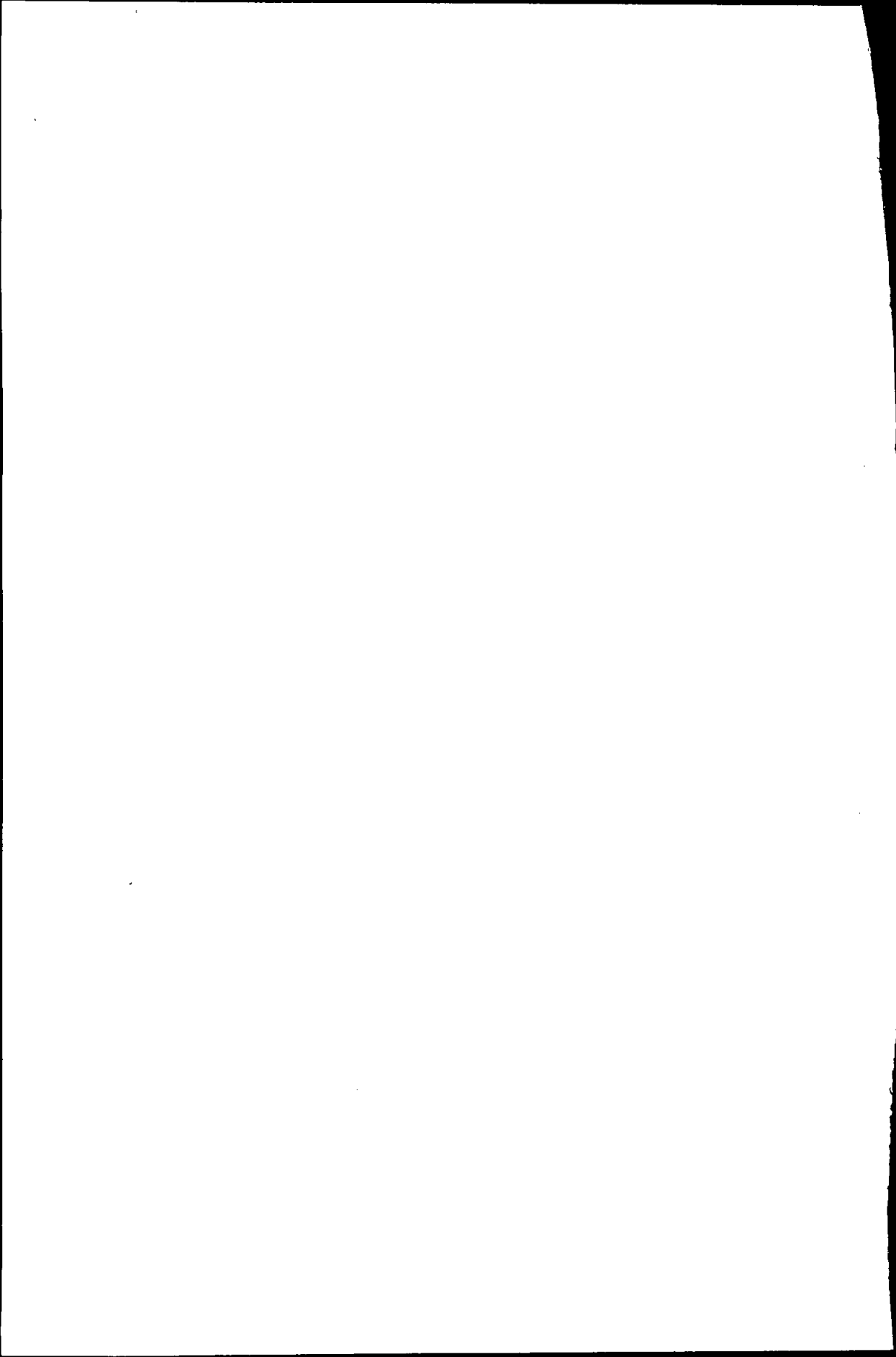
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Introduction & Aim of work