Preface

The Challenge to Achieve Emotion

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Editor

Facial paralysis is one of the greatest surgical challenges facing a head and neck surgeon today. Although at first glance it may seem like something simple to solve, nothing is further from the truth. The complexity of facial expression and the emotion that is transmitted with it make it one of the greatest challenges in medicine today. However, this is nothing compared with the challenge it poses for patients affected by facial paralysis in terms of their day-to-day lives. In a world in which beauty is given increasingly more importance, exacerbated by the existence of social media, it is easy to imagine the suffering of these patients. From not being able to transmit emotions, expressing a moment of happiness with a grimace, not being understood when speaking, food escaping their mouths when chewing, not being able to kiss, having people stare at them wherever they go, giving up being with their loved ones, to the challenge of navigating their social life…..all of this has a tremendous psychological impact on patients. Therefore, any effort we can make to improve their quality of life is, from my point of view, crucial.

The aim of this *Atlas of the Oral and Maxillofacial Surgery Clinics of North America* is to try to simplify the complex surgical techniques that we perform to recover facial function. We dedicate several articles to reinnervation in recent facial paralysis, with muscles not yet atrophied, where we must do as much as we can, because it is precisely by acting at this moment that we can achieve the best possible results. We describe the most frequently used grafts, the newest ways to extract them, such as the endoscopic approach, the different nerve transfers that we can carry out, such as hypoglossal and masseteric, simple or combined, double and also triple innervations, if we add the impulse of the contralateral facial thanks to the cross face nerve grafts. We even deal with the recovery of facial motility in patients who have undergone a facial transplant, an extraordinary achievement in the history of medicine. Of course, we dedicate several articles to the techniques used in long-standing facial paralysis, with already established muscle atrophy, in which cases we have to rely on other muscles to restore the smile: elongation of the temporalis muscle and gracilis microvascularized muscle transplantation. We include innovative techniques, such as selective neurectomy, which help us balance and improve the final facial expression, without forgetting, of course, the important role that botulinum toxin plays in the rehabilitation of patients affected by facial paralysis.

My most sincere thanks to all the specialists who have selflessly collaborated in this project. Thank you very much for your effort. Each and every one of you, specialists of highly recognized international prestige, with a more than complicated agenda, have managed to find the time to share your knowledge and contribute to this didactic guide, which I hope will become a useful tool for all those specialists interested in improving the quality of life of patients affected by facial paralysis.

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