



2nd Instructional Course for **Facial Paralysis Reconstruction**

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ABSTRACT

(within 400 words, if you have photo or video please attach and submit all together)

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Title Contralateral lingual nerve transfer for tongue numbness - A Case Report

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Purpose:

Lingual nerve palsy is rare but possible during intra-oral surgeries or procedures. Most of the injuries were neuropraxia but in the rare condition the nerve were transected. Therefore, the microsurgical exploration and reconstruction is indicated in these cases.

Materials and Methods:

We reported a 50-year-old male suffered from left anterior two-third-tongue numbness and cold-hot intolerance after the mouth floor tumor excision two years ago and no improvement. The gustatory function and the tongue movement were normal. The exploration showed the dense scar of the lesion side so the proximal stump is unavailable, therefore the cross lingual nerve transfer (end to side coaptation) was performed via one 4 cm sural nerve graft to reconstruct the lesion.

Results:

The post-operative course was uneventful. Three month post-op, the patient regained some sensation already and less cold and hot intolerance of the lesion tongue. There was no donor site morbidity, and the gustatory function and the tongue movement were not affected. The patient was satisfied with aesthetic and functional result.

Conclusion:

Lingual nerve injury may cause numbness and sensory deficit of the anterior two-third of the tongue and compromise the life quality. The exploration and the microsurgical reconstruction are highly suggested if the rupture is suspected. If the proximal stump is unavailable, the contralateral lingual nerve is a good option as the neurotizer.