

Swallowing dysfunctions following acoustic neuroma surgery: Long-term dysphagia and its impact in the quality of life

Raiene Abbas; Leonardo Welling PhD; Davi Solla; Felipe Sanders; Marcos Q. Gomes MD; Hector Cabrera; Manoel Jacobsen Teixeira; Eberval G. Figueiredo MD, PhD

 Neurological Surgery Department - University of Sao Paulo / Brazil

Introduction

Acoustic Neuroma (AN) is a major neurosurgical entity. Despite the fact that the peripheral facial paralysis (PFP) is most studied, deglutition disorders are frequently found in daily practice and less studied. Our objective is to describe swallowing disorders in the long-term postoperative period of AN surgery and evaluate variables involved.

Methods

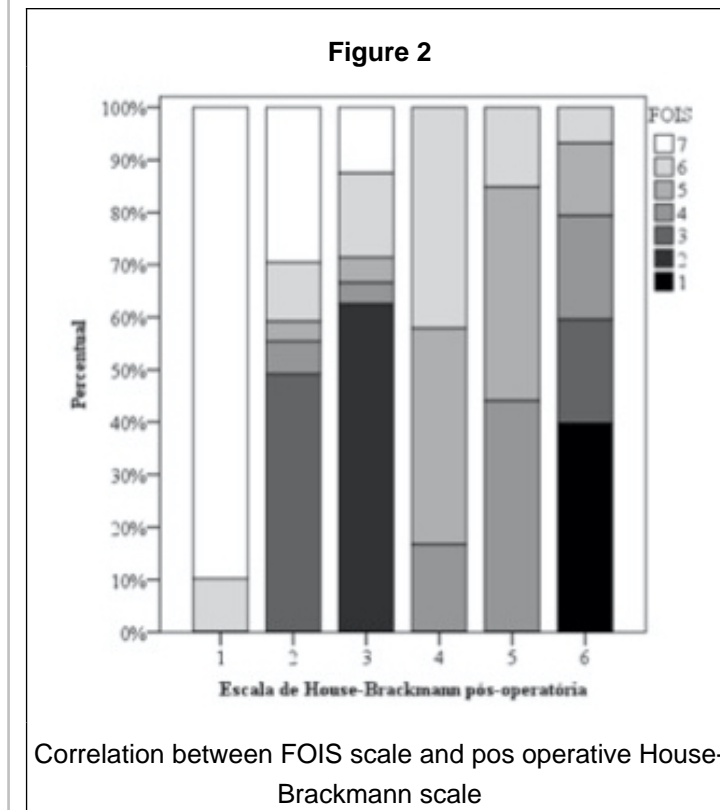
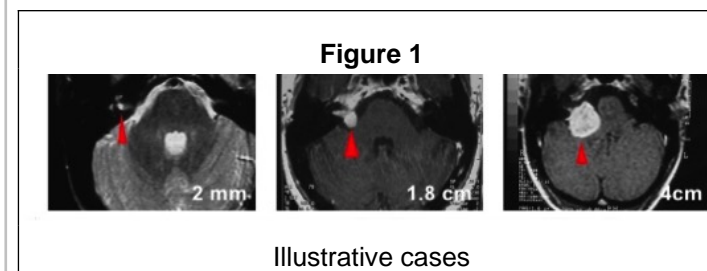
A cohort study, with partial retrospective data collection, analyzed the incidence of functional deficits at the outpatient skull base tumors clinics

Results

The total number of patients was 101, 78 (77.2%) were women, and 23 (22.8%) were men. The mean age was 47.1 (\pm 16.0) years and the mean tumor size 3.4cm. There was an association between tumor size ($p < 0.001$), total resection ($p < 0.001$) and neurofibromatosis type II ($p < 0.001$) with deglutition deficits in the long-term follow-up. We also found a statistically significant correlation ($p < 0.001$) in the occurrence of dysphagia and postoperative PFP in 100% of the cases.

Conclusions

Some degree of dysphagia is to be expected in AN surgery, in oral oropharyngeal and pharyngeal phases of the deglutition process. The identified risk factors for the persistence of dysphagia were PFP, tumor size and NF II. The increased awareness of dysphagia and the performance of a speech specialist may optimise oral intake, reduce health risks, decrease hospital stay and increase the quality of life of these subjects using specific rehabilitation programs.



Learning Objectives

By the conclusion of this session, participants should be able to identify the importance of dysphagia after acoustic neuromas surgery

References

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