
INTRODUCTION

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And Rational

The facial nerve has specific anatomical features in that it pursues a relatively long course. Facial nerve lesions which are often, exhibit a high recovery rate of facial movement ***(Hosomi,1994)***

Objective evaluation of facial nerve paralysis represents a unique challenge to the clinician. Electromyography and the acoustic reflex tests have been widely used as neurophysiological tests in an assessment of facial nerve function. ***(Qiu et al.,1997)***

Sunderland (1991) described five possible degress of injury (complete, satisfactory, incomplete, week and no recovery) that a peripheral nerve fiber might undergo. This classification was dependent on the electrophysiological studies and it is more comprehensive than the classification system of ***Seddon (1943)***, which described only neuroapraxia, axonotemeis and neurotemesis. ***(Sunderland, 1991 and Seddon, 1943)***

Wherease tearing, salivary flow and taste tests have not been useful for diagnosis or prognosis. The prognosis for acute facial palsy can be accurately determined by serial electrical testing. These tests have been used to follow the clinical course from complete paralysis to spontaneous recovery or to the decision of intensive surgery. ***(Barry and May,1997)***

The role of electrophysiological tests in the assessment of the prognosis of facial lesions in comparison to the clinical findings is still doubtful.