Long-term dysphagia following acoustic neuroma surgery: prevalence, severity and predictive factors

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The authors have no disclosures to report.

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Acoustic neuroma (AN) may compress the cerebellum and brainstem and displace the bulbar cranial nerves. We aimed to describe the swallowing function outcomes in the late postoperative period of AN surgery.
This cohort study included patients submitted to AN surgery from 1999 to 2014, with a mean follow up of $6.4 \pm 4.5$ years. Swallowing function was assessed through the FOIS and dysphagia, primary outcome was defined by scores 5 to 1, which implied oral feeding restriction or adaptation. Predictive factors were identified through multivariate logistic regression.
Results

We included 101 patients. 46 (45.5%) presented dysphagia on the late postoperative period. Women comprised 77.2%, and the mean age was 47.1 ± 16.0 years (range 19-80). Dysphagic patients presented more NF II (32.6% vs 10.9%, p=0.007), larger tumors (3.8 ± 1.1 vs 3.1 ± 1.0cm, p<0.001), less total resection (50.0% vs 85.5%, p<0.001) and needed more surgeries (≥ 2, 39.1% vs 18.2%, p=0.019).
Results

Important peripheral facial palsy (PFP) (H-B grade $\geq 3$) was present before the surgery on 47.5% and worsened on 55.4%. Postoperative PFP ($p<0.001$), but not preoperative PFP, was predictive of postoperative dysphagia.
Conclusions and Summary Points

- Dysphagic patients presented more NF II, larger tumors, less total resection, and needed more surgeries.
- Postoperative peripheral facial palsy, but not preoperative PFP, was predictive of postoperative dysphagia.
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