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PECULIARITIES OF THE TOPOGRAPHIC LOCATION OF FACIAL NERVE NEUROPATHY IN CHILDREN

Facial neuropathy in children is the most common disease of the peripheral nervous system and accounts for up to 90% of all mononeuropathies in children, differing in etiological and age-related polymorphism (Skripchenko N.V., Golyakov, D.A., 2007). Neuropathy of the facial nerve is a very relevant pathology of the peripheral nervous system today. The number of people suffering from this disease is constantly increasing. In different countries of the world, the frequency of incidence is observed in 8-240 cases per 100,000 population.

According to the World Health Organization, Bell's palsy is the second most common type of mononeuropathy among peripheral nervous system diseases (Urinov M.B., Gafurov B.G., 2019).

Despite the large number of studies, the etiology of facial nerve neuropathy, all features, pathogenesis, and course of the disease in childhood have not been fully studied. The outcome of the disease in children is much better than in adults, according to various researchers, the number of complications can be from 5% to 50%.

Acute damage to the facial nerve is manifested by unilateral paralysis or paresis of the facial muscles, which is associated with damage to the intracranial part of the root of the facial nerve or violation of anatomical integrity. Deficiency in the function of facial muscles leads to closing of the eyelids, impaired articulation, difficulty in eating, which significantly reduces the quality of life of this category of patients (Polenova A., 2010).

Object and subject of the research: 50 patients treated with facial nerve neuropathy in the neurology department of the Andijan Regional Children's Multidisciplinary Medical Center were selected for the study.

Examination methods: clinical-neurological examination, K.M.Rosler scale to assess the severity of prosoparesis, Ch.D.Spilberger and Yu.L.Khanin scale to determine the level of reactive and personal anxiety.

The results of the study: when the damage of facial nerve neuropathy at different levels was studied, the following were found: damage above the branch of the large coronal nerve (n.petrosus superficialis major) within the fallopian tube 8%, above the long nerve (n.stapedius) 12%, chorda tympani it was observed in 18% of cases above the foramen stylomasteideum, below the area of the foramen stylomasteideum in 62% of cases.

Table 1

Topic localization	Abs	%
Above the large coronal nerve network	4	8
Above the long nerve	6	12
Above the chorda tympani network	9	18
The foramen	31	62

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stylomasteideum is below the area		

Thus, in the clinical evaluation of the localization of damage to the facial nerve, its damage was often detected in the distal segment of the fallopian tube (in the area of the nipple-mammary barrier). The classification proposed by K. M. Rosler (1995) was used to assess the severity of prosoparesis.

Table 2

Degree	**I**	**II**	**III**	**IV**
Abs	0	6	40	4
%	–	12%	80%	8%

IV degree of paresis is almost complete paralysis, lack of movement and low muscle tone, III degree is severe paresis, complete inability to close the eyes, almost no movement and low muscle tone, II degree is moderate paresis, closes the eyes but is characterized by facial asymmetry at rest. When assessing the severity of prosoparesis: 6 (12%) grade II prosoparesis, 40 (80%) grade III prosoparesis, and 4 (8%) grade IV paresis.

Results of psychological examination of patients. A survey was conducted on 17 patients aged 10 to 18 years to assess the psycho-emotional status of adolescents with facial neuropathy. The average age of children was 14.2 years. 7 boys and 10 girls were examined. The self-assessment scale developed by C. D. Spielberger and Y. L. Khanin was used to determine the level of reactive and personal anxiety. According to the obtained results, it was found that adolescents with neuropathy of the facial nerve have significantly higher statistical indicators of reactive breathing compared to the group of healthy individuals. In the group of adolescents with facial nerve neuropathy, especially in 12-13-year-old children, indicators of reactive anxiety as a person's reaction to stress took a medium and high place.

Summary:

1. In order to consider the prevalence of facial nerve neuropathy by age, 4 age groups were divided. In particular, 1-4 years old was observed in 9 cases (18%), 5-9 years old in 24 cases (48%), 10-14 years old in 11 cases (22%), and 15-18 years old in 6 cases (12%). The distribution of patients by gender was as follows: 22 (44%) boys, 28 (56%) girls. When the damage of facial nerve neuropathy at different levels was studied, the following was found: 8% damage above the network of the large coronal nerve (n.petrosus superficialis major) within the fallopian canal, 12% above the longitudinal nerve (n.stapedius), from the chorda tympani network above 18%, foramen stylomastoideum below the area was observed in 62% of cases.
2. When assessing the severity of prosoparesis: 6 (12%) grade II prosoparesis, 40 (80%) grade III prosoparesis, and 4 (8%) grade IV paresis.
3. When using the self-rating scale developed by Ch.D.Spilberger and Yu.L.Khanin to determine the level of reactive and personal anxiety, in a group of adolescents with facial nerve neuropathy, especially in 12-13-year-old children, in relation to stress as a person's reaction, the indicators of reactive airiness took the middle and high place.
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