

Anatomic Variation of the Connection between the Facial Nerve and the Retro mandibular vein

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INTRODUCTION

The Distinguishing proof and safeguarding of the facial nerve (FN) is crucial when performing parotidectomy [1]. The FN is an important cranial nerve that controls a wide range of capacities. Surgeons typically distinguish the FN and its branches during parotidectomy by locating the retro mandibular vein (RMV). Not with standing, variations in the relationship of the FN with the RMV, as in the presented case, muddle parotid medical procedure and increment the possibility of nerve injury or draining. The current original copy that aims to feature an anatomic variation and its serious ramifications.

A 70-year-old male patient continued to our establishment with half year history of a developing ulcerated knob of the skin that overlies the right parotid organ. The patient's clinical conservative uncovered ulceration and extraordinary torment of the injury the last 2 months. Clinical assessment affirmed trophic adjustments of the overlying skin and uncovered substantial parotid lymph hubs, which were distinguished as static and easy masses of hard consistency. The introductory determination was squamous cell carcinoma of the skin. Subsequently, radiographic investigation was performed, including CT of the head that showed metastasis to the parotid lymph hubs, and CT of the neck which was unexceptional. Following this, right super-facial parotidectomy, elective parotid lymph hub analysis and skin recreation with nearby folds was scheduled. The parotidectomy was started with a preauricular incision. The trial pointer was utilized as a standard anatomic milestone for the ID of the FN trunk. At the point when specialists raised the superficial projection of the parotid organ and they uncovered carefully the usable field [2].

The fundamental trunk was painstakingly disconnected in order to keep away from nerve injury and ensuing serious morbidities. While performing diving analysis of the FN, they unexpectedly identified that the RMV passed hastily to both the mandibular and the cervical part of the sub-par division of the FN. The surgeons withdrew the shallow RMV delicately with a vessel circle for better openness of the FN branches and for aversion of accidental damage of the vein and dying. Aside from the already mentioned anatomic variety, specialists unexpectedly recognized that a single buccal branch, starting from the temporofacial division of the FN, flowed further, instead of shallow to the RMV, although the worldly and zygotic branch, over lied the vein, as commonly. In the wake of uncovering and separating carefully all the Branches the activity proceeded in the typical style. At the end of the parotidectomy, specialists assessed by and by that all the FN branches stayed flawless. Then, at that point, a vacuum waste was placed and it was at last taken out the first postoperative day. The patient was released the fifth postoperative day with instructions and he had no any postoperative complexities. The histopathological report of the careful example uncovered squamous cell carcinoma of the skin [3].

These days, parotid medical procedure is a typical careful procedure. Hence, the foundation for a protected and sufficient activity is giving accentuation to the specific, itemized portrayal of the anatomy of the facial nerve and its expanding design. There are several anatomic milestones for the intraoperative ID of the FN, such as the stylomastoid foramen, the tympanomastoid gap, the posterior gut of the digastric muscle, the tragal pointer and the retro

mandibular vein (RMV). Moreover, the connection between the FN and the RMV is of paramount clinical importance during the activity, for the identification and assurance of all the FN branches. The careful advance of the distinguishing proof of the storage compartment of the FN and of the sort of its bifurcation is of key significance to keep away from injury of the nerve branches. To be sure, the fanning kind of the FN might fluctuate among individuals. By the by, the FN most oftentimes bifurcates into the sub-par cervico facial and the predominant temporofacial divisions, as in the introduced case. However, restricting the FN branches dependent on their relationship with the RMV isn't so natural as portrayed in the writing, since the old style relationship, in which the RMV lies profound to the FN, is not identified as a rule as suspected during parotid medical procedure. In reality, anatomic varieties of the connection among RMV and FN occur with a pervasiveness of 11.83% and they represent a high risk of FN branches injury and draining. For sure, the of FN paralysis during parotid medical procedure is practically 21% and such a postoperative difficulty is significantly more likely when surgeons encounter anatomic varieties of the connection between FN and RMV [4].

There are a few reported varieties of this relationship in the writing. All the more explicitly, as it is depicted the RMV may be detected along the side to the cervico facial division and average to the temporofacial division. Moreover, the RMV might be detected lying foremost to the FN as a ring around the nerve branches or as a fork shaped by the vein branches. Although a few characterization frameworks have been recommended in the writing there is by all accounts no "rule" concerning the relation among RMV and FN. By and by, these two anatomic structures are consistently in nearness. Thus, it is quite evident that plausible novel varieties of this relationship may be detected since the current writing is restricted. Finally, the RMV might be utilized during MRI or CT to nearby roughly the distance between the parotid sore and the FN, for evasion of FN injury during the activity since pre-usable radiographic investigation can't permit direct envisioning of the FN. In this manner, the connection between the RMV and the FN is of key significance in restricting the parotid cancers preoperatively in request to limit FN careful injury also [5].

REFERENCES

1. Jaret Y, Heriau M, Donche A. Transfer of Bloody Fingerprints. *J For Ident.* 1997;47:38-41.
2. Samuel C, Peter B. Age Determination of Blood-Stained Fingerprints Using Visible Wavelength Reflectance Hyperspectral Imaging. *J Imaging.* 2018;4:141.
3. Kaushal N, Kaushal P. Human Identification and Fingerprints: A Review. *J Biomet Biostat.* 2011;2:123.
4. Ganapati M. Tarasase. Identification of an individual through fingerprints. *J Bio Innov.* 2013;2:59-72.
5. J Naffah. Dermatoglyphic analysis: anthropological and medical aspects. *Bull N Y Acad Med.* 1977;53:681-92.

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