FACIAL PALSY

**RECOGNITION AND ASSESSMENT**

**Definition**

* Bell’s palsy: idiopathic lower motor neurone facial nerve palsy. It is a **diagnosis of exclusion**
* Exclude secondary causes of facial nerve palsy due to infection, inflammation, tumour, trauma, or vascular event clinically and/or with appropriate investigations

**Symptoms and signs**

* Asymmetry of face or smile and loss of nasolabial fold on same side
* demonstrable weakness in lower motor neurone distribution (includes loss of wrinkles on forehead)
* Increased or decreased lacrimation
* Hyperacusis
* Altered taste
* Facial pain
* Difficulty in closing eye

**History**

* History of prior viral infection may be present
* Abrupt onset with no progression
* NO history of preceding seizure or head injury
* NO history of pallor, bleeding or bruising

**Examination**

* Full neurological examination, including other cranial nerves, and fundoscopy
* Ears, nose and throat to exclude cholesteatoma, mastoiditis or herpes infection
* Blood pressure to exclude hypertension
* Check for lymphadenopathy, hepatosplenomegaly, pallor, bleeding or bruising to exclude malignancy (e.g. lymphoma or leukaemia)

**INVESTIGATIONS**

* If all history/examination unremarkable and no other neurological signs/symptoms, no investigations needed
* If difficulty in closing eye, ophthalmology referral
* Bilateral facial palsy – consider Lyme disease, Guillain-Barré syndrome, brain stem pathology: discuss further investigations with consultant with special interest in neurology or tertiary paediatric neurologist
* Recurrent facial palsy: discuss with senior
* Recurrent infections: first line immune deficiency investigations (including HIV)
* Severe pain associated with varicella zoster

NOTE

* If any suspicion of leukaemia or lymphoma, do FBC and film **before** starting prednisolone and request senior review
* Prednisolone in acute leukaemia can trigger tumour lysis syndrome

**IMMEDIATE TREATMENT**

* If difficulty in closing eye, provide eye patch and carbomer ointment
* If vesicles suggest HSV, prescribe aciclovir oral
* Within 72 hr prednisolone 1 mg/kg/day (maximum 60 mg) for 57 days. Can be given as per adult practice (discuss with senior)

**DISCHARGE AND FOLLOW-UP**

* 4 weekly GP follow-up until symptoms and signs resolved (95% by 1 yr)
* If facial palsy does not improve considerably within 4 weeks arrange cranial imaging – MRI brain with request to focus on brain stem
* If any other neurological signs/symptoms, consider early/immediate imaging