

# FACIAL PALSY • 1/1

## 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