

## NEUROLOGY

## BELL'S PALSY

- Acute, unilateral, idiopathic, partial or complete facial nerve paralysis (affects the eyelids, causing an impairment of blinking).
- Cause unclear ( possible association Herpes virus)
- 20-40/100,00 annual incidence UK , peak age 15-40 ( usually 15-60), but can occur at any age.
- Most show signs of recovery within 2-3 weeks. Most recover completely.
- Early treatment with oral corticosteroids improves prognosis.

<p><b>RED FLAGS</b></p> <ul style="list-style-type: none"> <li>○ Gradual onset or bilateral facial palsy.</li> <li>○ Involvement of other cranial nerves.</li> <li>○ Evidence of <b>asymmetry of the oropharynx and ipsilateral tonsil or swelling in front of/below ear</b> may indicate a <b>parotid tumour</b>.</li> <li>○ SEVERE pain, vesicles in ear or mouth, hearing loss, imbalance suggest RAMSAY HUNT syndrome and require specialist assessment ( ENT or neurology)</li> <li>○ <b>Hearing impairment, discharge, bleeding, dizziness, vertigo, disorder of balance, pain, headaches, or tinnitus</b> are symptomatic of <b>cholesteatoma</b>.</li> <li>○ Evidence of <b>polyposis or granulations</b> are suggestive of <b>malignant otitis externa</b>.</li> <li>○ A <b>rash</b> on the limbs or trunk following a tick bite may indicate <b>Lyme disease</b>.</li> <li>○ CHILDREN more likely to have underlying cause ( but excellent prognosis&gt; 90% recovery)</li> </ul>	y/n
<p><b>DIAGNOSIS</b></p> <ul style="list-style-type: none"> <li>• UNILATERAL LOWER MOTOR NEURONE SIGNS <ul style="list-style-type: none"> <li>○ Isolated FACIAL nerve palsy</li> <li>○ ALL facial muscles affected</li> <li>○ UMN lesion preserves brow wrinkling, blinking, eye closure</li> </ul> </li> <li>• Maximum facial weakness develops within 2 days (NB may be partial initially)</li> <li>• Earache, pain behind the ear, aural fullness, or facial pain, may precede the palsy.</li> <li>• Severe pain might indicate Ramsay Hunt syndrome. This is caused by herpes zoster and is associated with a painful rash and herpetic vesicles.</li> <li>• Loss of taste of the anterior two-thirds of the tongue (on the same side as the facial weakness) may occur.</li> <li>• Note – there is increased incidence in pregnancy</li> </ul>	y/n
<p><b>INVESTIGATIONS</b>- none routinely advised, but consider if clinically relevant to differential diagnoses</p>	
<p><b>PRIMARY CARE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Patient education</b> <ul style="list-style-type: none"> <li>○ <b>PROGNOSIS GOOD</b>- most make full recovery in 9 months</li> </ul> </li> </ul>	y/n

<ul style="list-style-type: none"> <li>○ <b>70-80%</b> recover spontaneously a few weeks to a few months after onset, 20-30% have delayed recovery- 1/6 persistent facial weakness, tightness, unwanted movements.</li> <li>○ <b>Poorer outcomes in the elderly, complete paralysis at onset, Ramsay Hunt.</b></li> <li>○ Address associated depression/anxiety- never proportionate to degree of physical impairment</li> <li>○ EYE PROTECTION-Eye must be kept lubricated and consider nocturnal taping</li> <li>○ Can develop synkinesis (abnormal movements) in face as a sign of reinnervation</li> <li>● TREATMENT <ul style="list-style-type: none"> <li>○ <b>Oral PREDNISOLONE –most effective &lt; 72 hrs onset of symptoms</b> <ul style="list-style-type: none"> <li>▪ Some evidence up to 7 days</li> <li>▪ BEST EVIDENCE: 50 mg DAILY 10 DAYS ( OR 1MG/KG)</li> <li>▪ Antiviral treatments are not generally recommended as evidence poor, either alone or in combination with prednisolone. <ul style="list-style-type: none"> <li>● Some evidence for use with steroids in Ramsay Hunt syndrome- d/w ENT or neurology</li> </ul> </li> </ul> </li> </ul> </li> </ul>	
<p><b>REFERRAL</b></p> <ul style="list-style-type: none"> <li>● <b>RED FLAGS</b> as above</li> <li>● Refer to <b>neurology</b> or to <b>ear, nose, and throat (ENT)</b> if there is: <ul style="list-style-type: none"> <li>○ Any doubt regarding the diagnosis.</li> <li>○ Additional cranial nerve palsies (25% face feels numb but no loss pin prick, does not indicate 5<sup>th</sup> CN involvement)</li> <li>○ Recurrent Bell's palsy.</li> <li>○ Bilateral Bell's palsy.</li> </ul> </li> <li>● If the cornea remains exposed after attempting to close the eyelid, refer urgently to <b>ophthalmology</b></li> <li>● Consider refer to <b>plastic surgery</b> if no signs of recovery after 3 months for physio/possible facial reanimation surgery. Early intervention has better outcomes.</li> <li>● Physiotherapy- some evidence supports 'facial training' to improve facial motor function, reduce tightness, prevent contractures, and reduce unwanted movements. Facial physiotherapists can be accessed through the plastic surgery facial palsy service.</li> </ul>	y/n
<p><b>REFERENCES</b></p> <p><a href="http://www.facialpalsy.org.uk/about-facial-palsy/causes-diagnoses/bells-palsy/37">http://www.facialpalsy.org.uk/about-facial-palsy/causes-diagnoses/bells-palsy/37</a>  <a href="http://cks.nice.org.uk/bells-palsy">http://cks.nice.org.uk/bells-palsy</a>  <a href="http://oto.sagepub.com/content/149/3_suppl/S1.long">http://oto.sagepub.com/content/149/3_suppl/S1.long</a>  <a href="http://dtb.bmj.com/content/early/2013/12/05/dtb.2013.12.0222.abstract">http://dtb.bmj.com/content/early/2013/12/05/dtb.2013.12.0222.abstract</a></p>	

Guidelines written by Dr Lesley Ashton, Dr Naomi Warren (Neurology) and Mr Omar Ahmed (Plastics). Based on NICE guidance. April 2016