

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

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

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