Bilateral Bell's Palsy A Case Report

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ABSTRACT

We report a case of 12 years Sudanese boy who presented with acute onset of bilateral isolated facial palsy. He had all his vaccines including polimyelitis vaccine. His past history is of no significance, his systemic examination was normal. He responded to a short course of prednisolone. In three months time he showed complete recovery with no residual effects.

ملخص

نقدم تقرير عن حالة طفل سوداني يبلغ من العمر اثني عشر عاماً حضر الينا يعاني من ظهور حاد لشلل العصب الوجهي المنعزل ثنائي الجانب. اعطي الطفل كل جرع التحصين بما في ذلك التحصين ضد شلل الاطفال. التاريخ المرضى السابق للطفل غير معتد، كذلك كان الفحص الجهازي سليماً.

لقد استجاب الطفل لفترة علاج قصيرة لعقار البريدنيزلون وخلال ثلاثة أشهر أظهر الشفاء التام بدون أي اعراض متبقية.

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Introduction:

Idiopathic facial palsy is a common neurological disorder. It became associated with the name of Sir, Charles Bells following his publication on the subject in 1821. The disorder is usually acute in onset. It is commonly unilateral and tend to only once in a life time however recurrent facial palsy is not uncommon. The incidence of facial palsy has been estimated to be between 13-74/100 0000)[1] ((population per year in western countries. The incidence indeveloping countries is not known. The incidence increases slightly with age. There are only minor differences in rate between the sexes and among persons of different races.

Bells palsy has numerous potential causes. It is presently thought that most cases arise from Herpes simplex virus infeciton. However, there are a wide variety of other possibilities including diabetes, sarcordosis، HIV infection and leukaemia in children[2]. Individua s at risk for idiopathic facial palsy include pregnant women, diabetics, recent episodes of influenza or respiratory infection[4] and those with family history of the disease[4]. Facial palsy is rarely caused by middle ear infection, CNS disorder and infectious disease (e.g. lyme disease)[5].

Diagnosis is based on history, finding on physical examination and the result of laboratory tests. On physical examination, acutely, the face or the affected side is weak and eye closure is incomplete or absent. Sparing of the forehead would suggest a central facial paralysis rather than Bell's palsy. The nasolabial fold is flatened. Whistling is usually impossible. The tempanic membrane is normal unless there is herpes infection of the ear (Ramsy-Hurt syndrome)

An MRI or CT will be performed if there is possibolity ofa stroke or brain tumor. Depending on the situation, tests for diabetes, lyme disease, sarcordosls, myasthenia gravis, HI V, Guillian Barre

syndrome, are occasionally performed especially in persons with weakness on both sides of the face.

Seventy five percent of patients with Bell's palsy experience complete recovery most within 2-3 weeks. An addition 15% experience satisfactory recovery but may have presistant facial asymmetry[6]

Five to ten percent of patients have poor recovery at 4 months with persistant neurologic impairment and cosmotic disfigurement. Many patients develop synkinesis, or tearing durmg eating (Crocodile tears). This is caused by misrouting or mixed up in autonomic fibres carried by the facial nerve.

All patients with Bell 's palsy need to take precautions against drying the eye on the affected side[7'8]. Prednisolone is thought to speed recovery and reduce the frequency of a bad result[8]. Antiviral treatment tor herpes simplex may improve prognosis[8]. Surgery is not needed in most cases of idiopathic Bell's palsy physiotherapy is not generally thought to be helpful although it probably does not hurt.

About 7% of patients have recurrent Bell's palsy. The mear recurrence interval is 10 years. Recurrent Bell's tend to cluster in families as well as diabetics.

Case report:

We report a case of a 12 years old Sudanese boy presented to Wad Medani Teaching Children Hospital with sudden onset of drooling and failure to close his mouth. Few days before his presentation to hospital، he complained of pain in front of both ears, and there was accumulation of food between the gum and the inner side of the check. His parents noticed that he sleeps with his eyes half open. There was difficulty in pronouncing some letters like the Arabic letter (meem).

On examination there was obvious drooling on both corners of the mouth. His mouth was open and he could not tightend his lips. He also failed to squeeze his eyes. The nasolabial folds were masked on both sides. He had difficulty in drinking and there was obvious drooling of

water while he was drinking. He could not wrinkle his forehead and he failed to whistle. Sensations were intact on both sides of the face and there was no ear discharge. His blood pressure was 100/70 mm Hg and his urine and white cell count were both normal. The rest of his central nervous system, cardiovascular, abdomen and chest were all normal. He had had all his vaccines when he was an infant. His parents and siblings are all alive and well. Nerve conduction studies could not be done.

The boy was put on a tapering dose of predniselone I mg/kg for two weeks. He showed progressive recovery and by two months time all his physical signs has disappeared and there were no residual symptoms or signs.

Conclusion:

Bilateral facial nerve palsy is rare. In a large series from Nigerian and Nigerian and Saudi patients the incidence was reported to be less than 2%. Females are affected more than males in children less than 10 years of age. There is no explanation for this. The rate of complete recovery in large series followed for 3 months was 57%[(4)]We consider our patient as lucky as he showed full recovery in less than 3 months.

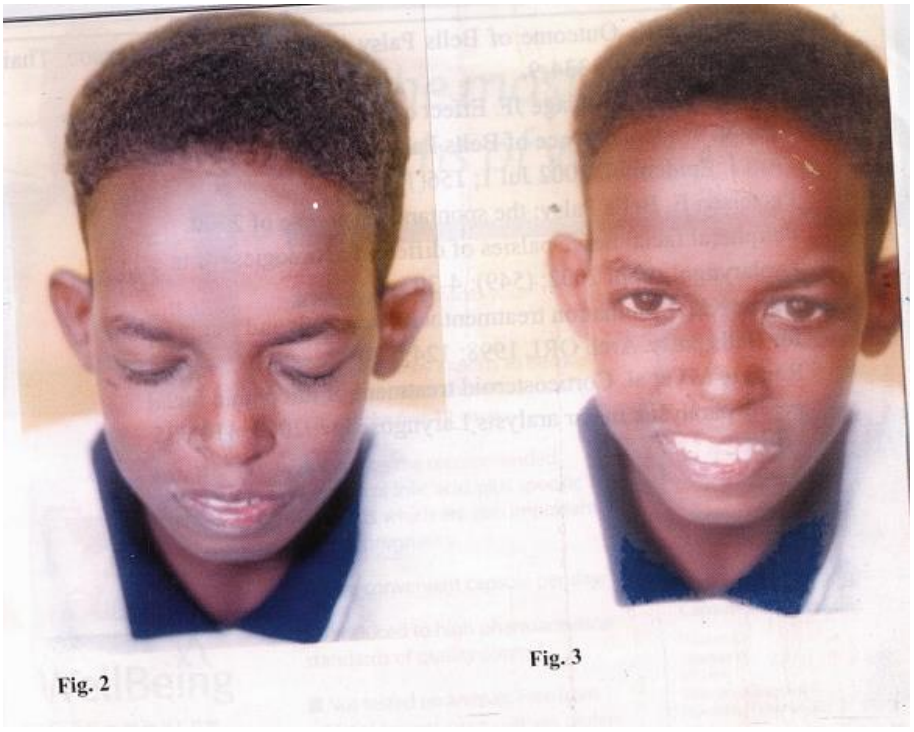

Fig. 2

Fig. 3

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