**10x10: Bell’s Palsy**

Kate Eppler, Fraser PGY-1 EM

April 22, 20

* A condition of weakness or paralysis of the facial muscles, usually unilateral, that results from dysfunction of the 7th cranial nerve. Additional symptoms may include occipital or peri-auricular pain and abnormal hearing or impaired taste.
* Idiopathic inflammation of the facial nerve often thought to be viral or autoimmune in origin.
* Most common cause of facial palsy. M=F incidence. More common in diabetics, pregnancy, and URTIs. Annual incidence of 13-34 per 100,000.
* Clinical diagnosis characterized by a sudden onset of facial weakness of varying degrees involving upper and lower half of face with variable symptoms.
* Complications involved incomplete recovery of the facial nerve, corneal injury, and disorganized axonal regrowth.
* Over 85% of people percent of people will see complete or near complete recovery. Prognosis is related to severity and is favourable with early recovery. Ramsay Hunt syndrome has a worse prognosis.
* Mainstays of treatment include glucocorticoids, antivirals, and eye protection.
  + **Glucocorticoids** should be initiated within 48 hours of symptom onset in all patients, unless contraindicated. They reduce the risk of incomplete recovery and development of synkinesis.
  + **Antivirals** can be considered with glucocorticoids in patients with severe palsy or in Ramsay Hunt syndrome.
  + **Eye protection (artificial tears, ointment, and patching)** is only required in patients with incomplete eye closure.
  + No sufficient evidence for the use of physiotherapy or surgical decompression presently.
* Consider outpatient neurology referral in cases of bilateral or atypical Bell’s palsy, or with persistent symptoms.