

## **Bell's Palsy AKA Facial Nerve Palsy**

**Summary Statement:** Swelling of cranial nerve VII (facial nerve) which occurs secondary to idiopathic vs viral causes, causing unilateral facial paralysis

**Clinical Manifestations:** Acute, sudden onset, usually unilateral upper and lower hemifacial paralysis

**Diagnosis:** Clinical → Strokes typically spare the forehead muscle while Bell's Palsy does not

**Treatment:** Agents to prevent corneal drying, steroid taper for swelling, antivirals for HSV

- Pathophysiology:
  - Most causes are classified as idiopathic, but the **MCC include HSV**, herpes zoster, CMV, EBV, Lyme disease, sarcoidosis, other viruses
  - Occurs secondary to **swelling of the facial nerve, which is cranial nerve VII**
  - Typically, symptoms are unilateral, though there are cases of bilateral Bell's Palsy
- Clinical manifestations:
  - Acute, sudden onset of symptoms
  - **Unilateral upper and lower hemifacial paresis** → Affects forehead, eyes, mouth
  - Patients report feeling a "heaviness" in their face, pain behind their ear, or facial numbness
- Diagnosis:
  - **Clinical diagnosis**
  - CT head if symptoms concerning for a stroke
    - **Hemispheric strokes or tumors usually cause weakness of the lower face and spare the forehead muscle, which is a good way to differentiate the two**
  - Testing for the various causes of Bell's Palsy → For example, ordering IgG/IgM for Lyme disease to try to find the etiology
  - MRI is not routinely done but can be used to rule out other disorders
- Treatment:
  - Prognosis → 90% of patients have a complete recovery
  - Patients should be given **eye mask, saline drops, eye lubricant to prevent corneal drying**
  - **Corticosteroids** are often used to help with the swelling of the facial nerve → Prednisone taper
  - Antiviral drugs if HSV is highly suspected