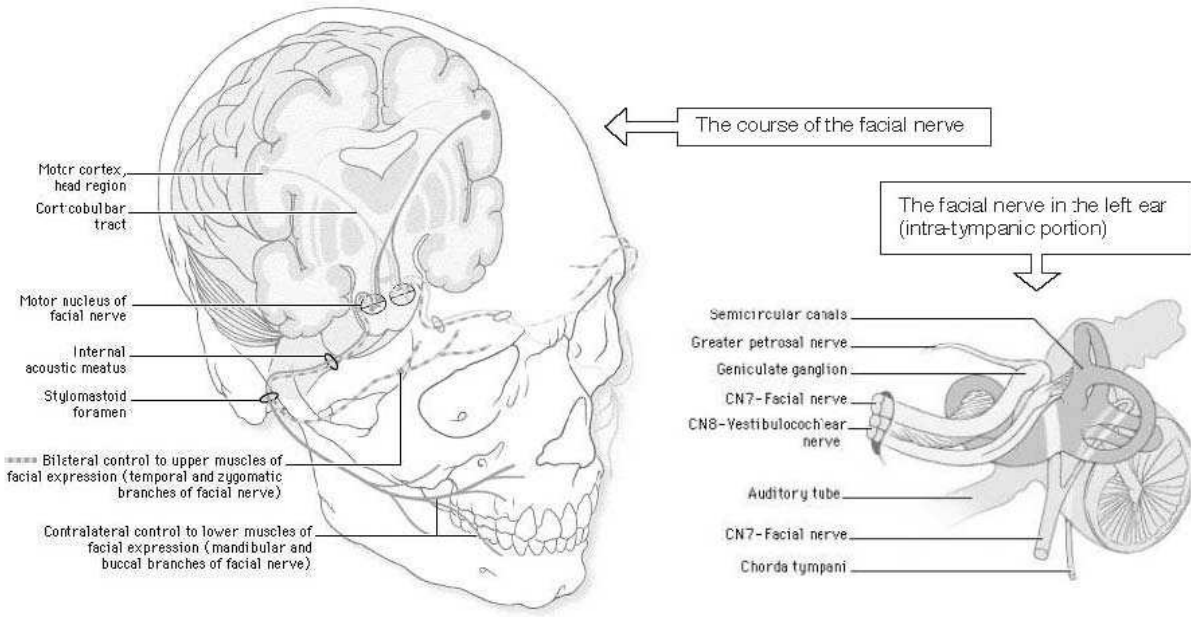
MANAGEMENT OF FACIAL PALSY

Ref No: 0180

Lead Clinician	:	Mr. C. Hari, Consultant ENT Surgeon
Care Group	:	Scheduled Care (Head & Neck and Ophthalmology)
Implemented	:	
Last updated	:	December 2013
Last reviewed	:	December 2013
Planned review	:	October 2015
Keywords	:	facial palsy, facial weakness, Bell's palsy
Comments	:	Feb 2010 Emma McFarlane & Heather Lynes

DIAGNOSIS

- Bell's palsy is only diagnosed when there is no underlying cause found.
- Look for any causes of pathology throughout the course of the facial nerve
- **Any traumatic facial palsy must be referred immediately to an ENT senior.**
- Absence of trauma should be documented.



- **Assess for forehead sparing**, which indicates an upper motor neurone lesion
- **Examine other cranial nerves,** as their dysfunction may relate to the location of a mass lesion.
- **Perform an audiogram.** An ipsilateral sensory neural hearing deficit may indicate a cerebellopontine angle tumour.
- **Examine the ear** Exclude otitis media, severe (malignant) otitis externa and varicella zoster virus infection causing Ramsay-Hunt syndrome (vesicles in/on the ear and/or on the tongue)
- **Examine the neck,** particularly the parotid gland to exclude a parotid body tumour compressing the facial nerve.
- **Check the mouth** as part of the parotid and cranial nerve examinations, also in excluding Ramsey-Hunt syndrome.

GRADING

- Accurate grading is important for subsequent comparative assessment
- The House-Brackmann grading system is commonly used.

MANAGEMENT

I	Normal symmetrical function in all areas.
II	Slight weakness noticeable only on close inspection. Complete eye closure with minimal effort
III	Obvious weakness, but not disfiguring. **Complete eye closure**. Strong but asymmetrical mouth movement with maximal effort.
IV	Obvious disfiguring weakness. **Incomplete eye closure** and asymmetry of mouth with maximal effort.
V	Motion barely perceptible Incomplete eye closure, slight movement corner mouth.
VI	No movement, loss of tone.

- Where assessment has revealed potential cause, refer to an ENT senior.
- Commence treatment promptly for Bell's palsy or Ramsey-Hunt syndrome, unless contraindicated.
    - **Prednisolone** 1mg/kg/day for a week (max 80mg per day) Use a reducing dose over 2-3 weeks if >25mg/day
    - Also consider **Lansoprazole 30mg od** for gastric protection from steroids
- Reassure the patient that most Bell's palsies recover.
- **Refer to ophthalmology** to reduce the likelihood of complications of incomplete eye closure and educed tearing. Use artificial tears (e.g viscotears) 1-2 hourly during the day, and consider taping the eyelid shut at night and/or lacrilube if incomplete eye closure.
- **Senior ENT follow-up** is essential to confirm diagnosis, monitor recovery and further treatment if necessary.

REFERENCES

- Almeida J. et al 2009 Combined Corticosteroid and Antiviral Treatment for Bell'sPalsy ASystematic review and Metanalysis, Jama 02/09/09 Vol 309, no. 09, Pages 985993
- Sullivan, F.M., Swan, I.R., Donnan, P.T. et al. (2007) Early treatment with prednisolone or acyclovir in Bell's palsy. New England Journal of Medicine 357(16), 1598-1607
- House JW, Brackmann DE. Facial nerve grading system. Otolaryngol. Head Neck Surg 1985;93:146–7
- Sweeney CJ, Gilden DH. Ramsay Hunt Syndrome. J Neurol Neurosurg Psychiatry 2001;71:149-54 Images accessed at http://info.med.yale.edu/caim/cnerves/cn7/cn7_1.html