

Bell's Palsy

For all enquiries:

65 Holmes Road Moonee Ponds Vic 3039
Phone: 1300 357 338 Fax: 1300 247 338
Email: reception@entnorth.com.au
Visit: www.entnorth.com.au

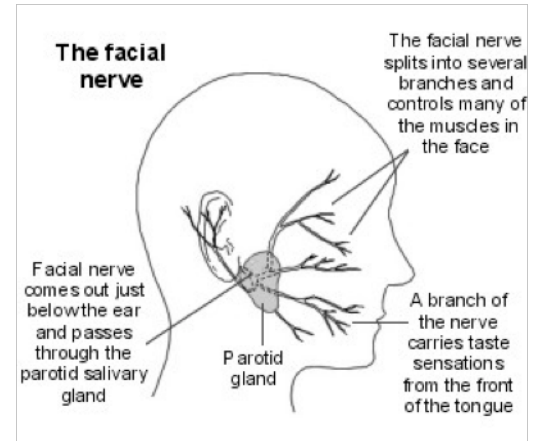


ENT North

Bell's Palsy is the most common cause of a sudden onset of one-sided facial paralysis. It affects the nerve that supplies the facial muscles – the Facial Nerve (also called Cranial Nerve 7). It occurs when the nerve that controls the facial muscles is swollen, inflamed, or compressed, resulting in facial weakness or paralysis. In most cases, only one side of the face is affected, but very rarely it can be bilateral.

What Causes Bell's Palsy?

There are a variety of theories about what causes Bell's Palsy, but there is not yet any definite proof for any of them. The current theory with the most support is that the paralysis is caused by a viral infection of the nerve itself, which might cause the paralysis directly, or indirectly by compression of the nerve within its surrounding bony canal as it swells in response to the infection. In some cases, it is believed that the small blood vessels that supply the nerve with oxygen are damaged in some way. Importantly, there are many other causes of facial paralysis that can mimic Bell's Palsy, and your doctor may assess you further to exclude these.



What symptoms does Bell's Palsy cause?

The facial nerve not only supplies the facial muscles on one side, but also a small muscle that inside your ear, taste to the same side of the tongue and mouth, tear production on that side, and some sensation on the ear and face. People with Bell's palsy might notice:

- Weakness or slumping of one side of the face. This can result in changed appearance, difficulty with mouth movement with eating or talking, and difficulty closing the eye completely on that side.
- About half of affected people will also notice some pain or aching around and below the ear on the affected side.
- Dryness or irritation of the eye.
- Sounds might be louder on that side compared to the other
- Loss of taste on that side

These usually come on quite suddenly – over a few hours, or sometimes even more rapidly. If your facial weakness develops over more than two days, your doctor should look for other causes, as this is not typical of Bell's Palsy. Up one in ten people who have Bell's Palsy will have another episode of Bell's Palsy in the future, and a similar number will have other family members who have had Bell's Palsy.

Diagnosis

When a doctor sees a patient with a sudden facial muscle weakness, he or she will aim to rule out other causes of the problem before diagnosing Bell's Palsy. Most other causes can be ruled out without needing further tests. However, investigations might be done in some situations:

- Special nerve tests (called nerve conduction studies) might be done to estimate the likelihood of recovery of facial movement. This can help in discussing your treatment options with you.
- If you have other nerve weaknesses, your doctor might test you for stroke.
- Blood tests for diabetes, Lyme Disease (an infection caused by a tick bite), or autoimmune disorders might be done if you have features of these illnesses.
- If there is any hearing loss, a hearing test and MRI of the ear and connecting nerves might be done.
- If the weakness fails to improve within the first three weeks of your symptoms, more tests might be done.
- If there is concern that another cause of facial paralysis might be the cause of your symptoms, other tests might be done.

Treatment

For the majority of patients, full - or close to full - recovery of facial movement will occur, even without any treatment. If your face were only weak (rather than completely paralysed), essentially all function would be expected to return without intervention, usually within the first three weeks of symptoms. If your face is completely paralysed, your doctor might recommend some treatment to avoid complications of the paralysis, and to increase the chances of full recovery.

Medications: There is now good evidence that using a course of steroid tablets (most commonly a drug called prednisolone) will improve the chance of full recovery after Bell's Palsy. These are felt to work by minimizing the inflammation of the nerve and resulting 'squashing' within the bone. Taking a course of steroids does not guarantee full recovery of the nerve function. However, it increases the chance of full recovery compared to no treatment (from about 70% to 85% overall). You should start the course of steroids as soon as possible, ideally within 3 days of symptoms starting. Starting them later than this has not shown any benefit in nerve recovery rates.

As most cases of Bell's palsy are probably due to a viral infection, it seems logical that antiviral drugs may help. However, research trials have not yet shown that antiviral drugs reliably improve the chance of the facial movement returning. It is possible that taking a course of steroids plus a course of antiviral medicine may work a little better than taking a course of steroids alone, but research suggests that if there is any benefit from this combination, it is likely to be small.

Analgesics such as aspirin, paracetamol, or ibuprofen may relieve pain.

Eye protection: If you cannot close your eyelids fully, and if your tear glands are not producing a normal quantity of tears, the front of your eye is at risk of drying out and becoming damaged. Therefore, your doctor may advise one or more of the following until the eyelids and tear production recover:

- An eye pad or goggles to protect the eye.
- Eye drops to lubricate the eye during the day.
- Eye ointment to lubricate the eye overnight.
- Another option is to tape the upper and lower lid together when you are asleep. Other procedures are sometimes done to keep the eye shut until the eyelids recover.

If you feel that your eye is irritated, or increasingly painful, or your vision changes despite these measures, please contact your doctor urgently to make sure your eye is healthy.

Physical therapy to stimulate the facial nerve and help maintain muscle tone may be beneficial to some individuals. Facial massage and exercises may help prevent shrinkage or shortening of muscles before recovery takes place. Moist heat applied to the affected side of the face may help reduce pain.

Surgery: Decompression surgery for Bell's palsy - to relieve pressure on the nerve - is controversial. Your surgeon will discuss this with you if he/she feels it may be suitable for you, and will arrange appropriate nerve testing if this is being considered.

If the facial weakness does not recover

For the small number of cases where the facial weakness does not recover fully, and remains unsightly, some techniques may be considered. For example:

- A treatment called, 'facial retraining' with facial exercises may help.
- Injections of botulism toxin ('Botox®') may help if spasm develops in the facial muscles.
- Surgery to help you close your eye, or to correct a 'crooked' smile.