

Bell's Palsy: In a Six Year old Female

Tashaba Qaiser Faizi¹, Mehran Kaiser²

Dear Madam,

Through the esteem of your journal, I would like to draw your attention towards a case of a 6-year-old girl who presented with deviation of angle of mouth towards the right side, in the outpatient department of Pediatrics Unit II, Abbasi Shaheed Hospital on 18 February 2016. Consent was taken from parents that a brief summary of the patient would be sent for publication and the name or picture of the child will not be included.

There was no significant history of trauma or infection. Her birth history and milestones were normal. Height and weight for age were within normal limits. Her facial nerve clinical examination & findings were as follows; when she was asked to close both her eyes tightly and while applying pressure to open it, right eye got easily opened while left could not and transverse creases were absent on right side of forehead, when she was asked to raise her eyebrow without moving her head. Air got easily released from her mouth when tapping was done on the puffed out cheeks, nasolabial folds were absent on right side of face, during smiling her angle of mouth on left side was elevated compared to right side, which showed no elevation. Relevant examinations and past history were unremarkable as Bell's palsy is a diagnosis of exclusion, which pointed the diagnosis in the favor of Bell's palsy of right side of the face with idiopathic aetiology. Severity was assessed through House-Brackmann scale and it was grade 2 with

moderate dysfunction¹ she was not given any treatment and was advised for physiotherapy.

Facial nerve is the 7th cranial nerve and part of peripheral nervous system; it has 3 nuclei motor, sensory and parasympathetic nucleus. Facial nerve having both motor and sensory roots arises from the anterior surface of brainstem between pons and medulla. It enters into the posterior cranial fossa and with vestibulocochlear nerve enters internal acoustic meatus and in its route in internal ear forms geniculate ganglion and gives greater petrosal nerve, nerve to stapedius and chorda tympani nerve before emerging out from styloid foramen. In the parotid gland it forms parotid plexus and terminates by giving five terminal branches namely temporal, zygomatic, buccal, marginal mandibular and cervical which supply facial muscles².

Facial's palsy is a lower motor neuron lesion of VII cranial nerve which leads to the facial muscle paralysis of the ipsilateral side, the mode of onset is sudden, most of the time, utmost weakness is achieved within 2 days, child can present with the numbness of one side of the face, along with decrease in the tear and saliva production leading to mastication, speech difficulties and dribbling of saliva and earache. There are multiple aetiologies of facial nerve palsy which can be divided into congenital and acquired (inflammatory, infectious, metabolic, traumatic, neoplastic besides idiopathic), although it's an atypical diagnosis in child. Contrast enhanced Magnetic Resonance Imaging have ability to recognize the pathological part of facial nerve³.

Multiple modalities of treatments are available. Patient who were treated with the prednisone in the earlier course of their disease have shown remarkable complete recovery within 3 to 9 months⁴. Moxibustion and acupuncture are also found to be

Final Year MBBS Students,
^{1,2}Karachi Medical and Dental College

Correspondence: Tashaba Qaiser Faizi
Final Year MBBS Student, KMDC
Email: tashaba.q.f@gmail.com
Date of Submission: 3rd March 2016
Date of Acceptance: 6th May 2016

efficacious in a randomized control trial in which control were given prednisone and vitamin B-12⁵. In 84% of the patient there is complete recovery without use of any treatment⁶.

The patient is receiving treatment with prednisone and vitamin B12 and is on follow-up at the paediatric outpatient department of Abbasi Shaheed Hospital. Her last follow-up showed improvement.

References

1. Sillo O, Walker W. House-Brackmann Scale [Internet]. Physiopedia. Available from: http://www.physio-pedia.com/House%E2%80%93Brackmann_Scale.
2. Snell RS. In: Clinical neuroanatomy. 7th ed. Philadelphia: Lippincott Williams & Wilkins; 2010, 346-48.
3. Khan A, Hussain N, Gosalakal J. Bells Palsy in Children-A review. Journal of Pediatric Sciences 2011;3:77.
4. Sullivan FM, Swan IR, Donnan PT, Morrison JM, Smith BH, McKinstry B, et al. Early treatment with prednisolone or acyclovir in Bell's palsy. N Engl J Med 2007 18;357:1598-607.
5. Li Y, Liang FR, Yu SG, Li CD, Hu LX, Zhou D, Yuan XL, Xia XH. Efficacy of acupuncture and moxibustion in treating Bell's palsy: a multicenter randomized controlled trial in China. Chin Med J 2004;117:1502-6.
6. Jabor MA, Gianoli G. Management of Bell's palsy. J La State Med Soc 1996;148:279-8.