

BELL'S PALSY (PERIPHERAL FACIAL PALSY)

What is it?

Bell's Palsy is an unexplained weakness or paralysis of the facial nerve, the nerve that controls muscle movement on one side of the face. The condition causes drooping on the affected side, and individuals may not be able to close the eye and may experience tearing, drooling and hypersensitive hearing. Although Bell's palsy is unsettling and inconvenient, it is typically not indicative of a serious health problem and in most cases completely resolves itself.

Who gets it?

About 40,000 to 65,000 Americans are stricken with Bell's palsy each year. The condition can strike at any age, but young and middle-age adults seem to be the most vulnerable. Pregnant women and individuals with diabetes, influenza, a cold, or an upper respiratory infection seem to be at a greater risk. About eight percent of patients report a family history of Bell's palsy, but it's unclear if the disease has a genetic basis.

What causes it?

While the exact cause of Bell's palsy is not known, many doctors believe that in most cases it is triggered by an infection of the facial nerve by herpes simplex virus (HSV), the same virus that causes cold sores. HSV infection has been discovered in up to seventy percent of patients diagnosed with Bell's palsy. Other diseases including Lyme disease and, rarely, HIV, may also cause sudden facial paralysis. Varicella-zoster virus, a related herpes virus and the cause of chicken pox and shingles, is another cause.

What are the symptoms?

Symptoms of Bell's palsy occur in just a day or two and include a sagging eyebrow and mouth on the affected side. If facial paralysis occurs more gradually, the cause of nerve damage may be another illness, such as cancer. Some people lose the ability to close one eye and have decreased tearing and loss of taste on the affected side. Muscle control is either inadequate or completely missing. Another common symptom is the ear on the affected side becomes abnormally sensitive to loud noises. There may also be involuntary facial twitches that accompany the other symptoms.

How is it diagnosed?

To diagnose Bell's palsy, the doctor will first try to rule out other causes, since facial paralysis has been linked to several other conditions such as Lyme disease, ear infections, meningitis, syphilis, rubella, mumps, chickenpox, and infectious mononucleosis. Although Bell's palsy is not life threatening, it can present symptoms similar to truly serious conditions, such as a stroke, ruptured aneurysm, or tumors. During the initial examination, the doctor may ask the patient about recent illnesses, accidents, infections and any other symptoms. A visual exam of the ears, throat, and sinus may be done, and the hearing may be tested. The doctor may also compare involuntary movements of the face to voluntary ones. A neurologic exam may be performed to rule out involvement of other parts of the nervous system. Blood tests and a cerebrospinal fluid analysis may be ordered as well to help determine the presence of bacterial or viral infection or an inflammatory disease. Electrophysiological tests, in which a muscle or nerve is artificially stimulated, may be used to assess the condition of facial muscles and the facial nerve. Radiological tests may be included, such as an x-ray, as well as imaging tests, such as an MRI, and computed tomography. These tests allow an excellent view of the nerve itself.

What is the treatment?

Early treatment of Bell's palsy may involve antiviral medications and corticosteroids to improve the patient's chances for full recovery. Antiviral drugs, such as acyclovir, famciclovir, or valacyclovir, are prescribed to destroy actively replicating viruses and prevent further damage to the facial nerve. Corticosteroids, such as prednisone, are thought to be useful in reducing swelling and relieve compression on the nerve. If a patient is unable to close the eye on the affected side of the face, the doctor may prescribe artificial tears and using an eye patch during the day to

keep the eye moist. At night, the doctor may recommend the use of eye lubricants or viscous ointments along with taping the eye shut.

The doctor will probably recommend further examinations to track recovery. Most individuals with Bell's palsy begin to notice improvement in their condition within two to three weeks of the symptoms' onset. At least eighty percent of them will be fully recovered within three months. Among the other twenty percent of afflicted individuals, symptoms may take longer to resolve or they may be permanent. A small percentage of patients suffer from permanent facial deformities and experience permanent problems with spasms, twitching, or contracted muscles.

Self-Care tips

While Bell's palsy is not preventable, it very rarely occurs twice in the same person. If the patient experiences facial paralysis again, another problem is probably causing it.

Test Results and Advice Nurse

Please call the nurse for test results and advice: 863-4463

Appointments

Appointments can be made in person or by phone. If you are unable to keep your appointment, please call and cancel. Otherwise you will be charged for the visit.

To schedule or cancel appointments, call: 863-0774

For more information about health care issues, visit the UHS Web site at www.sa.psu.edu/uhs

This publication is available in alternative media on request.

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