

- Idiopathic.
- Affects 30 in 100,000 each yr.

Bell's palsy

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. Innovait journal Vol 9, Issue 2, Feb 2016, page 93-98
3. Prof Neil Tolley Nov 2021.

Rule out UMN lesion i.e stroke.

- Can wrinkle forehead
- Can blink and close eye normally

Symptoms

Confirm unilateral LMN lesion i.e. one sided symptoms:
- Drooping corner of mouth, or wont lift up when smiling
- Unable to wrinkle forehead
- Inability to close eye

Investigations

- Exclude identifiable underlying pathology.
- Eye closure.

- CN.
- Ears.
- Parotid gland.
- Cervical lymphadenopathy.

- Assess if failure of the eye lid to fully close (lagophthalmos).
- If don't fully close, assess if the eyes roll backwards when the eye lids come down, leaving just the white sclera showing (Bell's reflex). This means the cornea is protected.

- Once excluded differentials and satisfied is idiopathic i.e. Bells palsy.

Management

- Exclude red flags.

Refer urgently to ENT if:
- Bilateral.
- Recurrent.

Refer STAT to ophthalmology if:
- Cornea exposed after trying to close eye lid.
- i.e. if you can see the coloured part of the eye (indicates a large lagophthalmos and poor Bell's reflex) then the cornea is exposed.
- Corneal exposure can lead to ulceration and sight threatening infections.

Inform prognosis

- 85% recover within 3/52.
- By 9/12 85-95% of patients will have recovered.

Prednisolone

- Only if present within 72 hrs.
- 25mg BD for 10/7
OR
60mg OD for 5/7, then 10mg OD for 5/7.

AND - PPI cover

Aciclovir

- Aciclovir is generally not recommended due to lack of clear evidence of benefit.
- But consider if more severe symptoms as small benefit.

Eye care

- Small degree of lagophthalmos and good Bell's reflex (i.e. cornea not exposed), is common, and can be managed in primary care.
- However, it would be sensible to get an ophthalmology review in 2/52 to confirm this.

Lubricants

Day time:
Eye drops or gels e.g. Hypromellose 0.3%, Viscotears, Gel tears, Celluvisc, Hylotears.
May need to use at 30-60 min intervals.

Night time:
A thick ointment e.g. Lacri-Lube, Xailin Night.

Close eye lids

- If lagophthalmos then taping the eye lid at night is essential.
- Use a small horizontal strip of 2cm wide micropore, just after instilling the eye ointment.

Review in 1/12

- If no improvement, urgently refer to ENT.
- ENT would usually investigate (scan) if not complete recovery within 6-8/52 (from a private ENT consultant).
- If residual weakness at 6-9/12, refer to oculoplastic surgeons.

- Botox for contractures.
- Botox for excessive lacrimation.
- Surgery to improve symmetry.
- Specialist facial physiotherapy.

