TITLE

“Her Face is Imbalance: A Case of Bell Palsy in Child”

INTRODUCTION

Bell’s palsy (BP) is an acute, idiopathic paralysis of the seventh cranial nerve, likely caused by inflammation and swelling at the geniculate ganglion, leading to nerve compression, ischemia, or demyelination, often associated with viral infections.

(34 words)

DESCRIPTION AND OUTCOME

A 1-year-old girl presented with sudden facial asymmetry following a week of fever and upper respiratory infections. Examination showed right-sided facial paralysis with loss of the right nasolabial fold and inability to close the right eye. She also had grade 2 tonsillitis, and right ear effusion. She was diagnosed with acute otitis media complicated by acute facial nerve palsy and bronchopneumonia. Treatment included corticosteroids and broad-spectrum antibiotics. The patient underwent a right myringotomy with grommet insertion and completed a 1-week antibiotic course. She showed significant improvement and was subsequently discharged.

(90 words)

DISCUSSION

Bell’s palsy (BP) is the most common cause of unilateral facial palsy, accounting for 60-70% of cases, with an incidence of 20 to 30 cases per 100,000 people annually. Middle-aged individuals are more commonly affected, though children have an estimated incidence of 6.1 cases per 100,000 annually. BP is often linked to viruses such as Herpes simplex 1. About 70% of cases resolve spontaneously within three months without sequelae. BP presents with sudden unilateral facial weakness, inability to raise eyebrows, close the eyelid, or smile, often accompanied by decreased tear production, altered taste, and hyperacusis. Diagnosis is clinical, focusing on the exclusion of other causes like stroke, Ramsay-Hunt Syndrome, and Lyme disease. Treatment primarily involves corticosteroids, shown to significantly improve recovery, while antivirals offer no additional benefit. Eye care is crucial, including lubricating drops and eye protection. The prognosis is favorable, with 85% recovering within three weeks and 15% within three to six months. Persistent or recurrent cases necessitate further investigation. In children, treatment aims to ensure complete nerve function recovery and prevent sequelae, with surgical options considered in complicated cases.

(181 words)

CONCLUSION

Pediatric facial nerve palsy, frequently resulting from Bell’s palsy, poses significant functional and aesthetic concerns. Thorough diagnostic workout and differential diagnosis are essential to determine the most appropriate treatment.

(29 words)

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