



## LAGOPHTHALMOS – A CASE OF BELL'S PALSY.

**Manu Sharma\*** (M.S., DNB ) Civil Hospital Kangra, Himachal Pradesh. \*Corresponding Author

**ABSTRACT** Bell's palsy is an idiopathic facial nerve paralysis. 11 years old male brought by his parents for inability to close his left eye completely, while sleeping. On further examination, diagnosed as left side facial nerve paralysis and referred for ENT consultation. Although Bell's palsy is the common cause of lagophthalmos but I wish to discuss the presentation and clinical examination part here through this article.

**KEYWORDS :** Lagophthalmos, Bell's Palsy, Facial Palsy

**CASE SUMMARY:**

11 years old male child presented with his parents complaining of inability to close his left eye completely while sleeping. No history of any associated symptoms. No history of any viral illness. No history of trauma. No relevant past and family history. On examination, left eye lagophthalmos present i.e. he was not able to close his left eyelid completely. I also noticed lowered angle of mouth on left side. On further examination, when ask to elevate eyebrows, the wrinkles on the forehead absent on left side. When asked for puffing air inside mouth, he was not able to do so. When ask to open his mouth, there was deviation of mouth towards right side. Hence diagnosed as a case of left facial nerve palsy or Bell's palsy. He was given lubricating eye drops and eyelid patching while sleeping and referred to ENT specialist for further management.



Figure A demonstrating normal photograph.



Figure B demonstrating lagophthalmos i.e. inability to close left eye completely



Figure C demonstrating inability to elevate left eyebrow and absence of forehead wrinkles on left side.



Figure D demonstrating deviation of mouth towards right side on puffing air inside mouth

**DISCUSSION:**

Bell's palsy is an idiopathic facial nerve paralysis, the most common cause of lower motor neuron facial palsy, characterized by sudden weakness on one half of the face.<sup>[1]</sup> Bell's palsy may be a reaction to a viral infection. Sign and symptoms may include 1) Rapid onset of mild weakness to total paralysis on one side of your face, occurring within hours to days. 2) Facial droop and difficulty making facial expressions, such as closing your eye or smiling. 3) Drooling 4) Increased sensitivity to sound on affected side. 5) Decrease in your ability to taste. 6) Changes in amount of tears and saliva.<sup>[2]</sup>

Bell's palsy is a clinical diagnosis and usually resolves on its own within weeks to months. Treatment still controversial, lid taping and use of lubricating eye drops to prevent exposure keratopathy. Face exercises to improve strength of facial muscles. Other options are bupivacaine injection, platinum weight placement on upper eyelid and levator recession with minimal lateral tarsorrhaphy.<sup>[3]</sup> Treatment of Bell's palsy with steroids alone and steroid with antiviral also recommended. Although recovery with steroid and acyclovir is greater than patients treated with steroids alone but the difference is not statistically significant. So the benefit of acyclovir in Bell's palsy has not been definitively established.<sup>[4]</sup> Still steroids alone are preferred for treatment of acute Bell's palsy. Steroid and acyclovir combination therapy is reserved for treatment of chronic and recurrent cases.<sup>[5]</sup>

**CONCLUSION:**

Any patient presenting with lagophthalmos should be examined carefully for other signs of facial paralysis.

**REFERENCES:**

1. E Peitersen. Bell's palsy: the spontaneous course of 2,500 peripheral facial nerve palsies of different etiologies. *Acta Otolaryngol Suppl* 2002; 122:4-30.
2. Croxson GR. The assessment of facial nerve dysfunction. *J Otolaryng Soc Austral* 1990;4: 252-63.
3. Hohman MH, Hadlock TA. Etiology, diagnosis, and management of facial palsy: 2000 patients at a facial nerve center. *Laryngoscope* 2014; 124: E283-93.
4. Gagyor Ildiko, Madhok B Vishnu, Daly Fergus, Sullivan Frank. Antiviral treatment for Bell's palsy (idiopathic facial paralysis). *Cochrane Database Syst Rev*. 2019.
5. Yeo SG, Cha C I. Acyclovir + steroid Vs steroid alone in treatment of Bell's palsy- Randomized controlled trial. *Am J Otolaryngol*. 2008.