

## FACIAL PALSY IN CHILDHOOD: ETIOLOGY AND OUTCOME

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**Introduction:** Facial (Bell's) palsy usually develops abruptly about 2 weeks after a viral infection. It is acute, unilateral, and not associated with other cranial neuropathies or brain dysfunction.

**Subjects:** We reviewed cases with facial palsy that were hospitalized in our department from 1995 to 2002

**Results:** Nineteen children, 9 boys and 10 girls (mean age:  $8.0 \pm 4.3$  years), were included in the study. The duration of hospitalization was  $4.6 \pm 2.9$  days. The diagnosis was based on clinical manifestations such as paresis of the upper and lower face, droop of the corner of the mouth, and inability to close the eye on the involved side. Additionally, clinical examination, laboratory tests, x-rays, and in some cases CT were used. In 13/19 cases (68.4%) there was a preceding infection: EBV (1), CMV (2), Mumps (2), Rickettsia conorri (4), HSV (1), Borrelia burgdorferi (1), Mycoplasma pneumoniae (1), and Ramsay Hunt Syndrome (1). Otitis media was diagnosed in 4/19 cases (21%), and sphenoid sinusitis in 1 case (5.2%). We did not identify a possible causative factor in one case. In 14/19 cases with follow-up we noted remission in all patients within 3 weeks. In 13/14 patients (92.8%) the recovery was complete, with no residual facial weakness. One patient had mild facial weakness as a sequel.

**Conclusion:** Facial palsy is a postinfectious demyelinating facial neuritis rather than an active viral invasion. The prognosis is excellent, however, a thorough clinical and laboratory examination may exclude viral or bacterial infections and inflammatory diseases that may require further treatment

