

اپروچ به آقای ۴۵ ساله با فلج ناگهانی سمت
چپ صورت در درمانگاه پزشکی خانواده

استاد راهنما: استاد شفیع

ارائه دهنده: محمدمین روانبخش، کارورز پزشکی خانواده

Chief complaint

بیمار آقای ۴۵ ساله با شکایت از فلج ناگهانی سمت چپ صورت از ۹ روز پیش

Present illness

بیمار آقای ۴۵ ساله با شکایت از فلج ناگهانی سمت چپ صورت از ۹ روز پیش به درمانگاه پزشکی خانواده مراجعه کرده است. علائم در ظرف یک روز به حداکثر خودش رسیده و در ادامه یک سرماخوردگی رخ داده است. علائم همراه حین مراجعه: سرفه - ، کورایزا - ، درد قفسه سینه - ، سردرد - ، تاری دید - ، سرگیجه - ، کاهش وزن اخیر، حس بویایی و چشایی intact

PMH: -

PSH: -

DH: اسیکلوویر ۴۰۰ هر ۱۲ ساعت و پردنیزولون ۵ در مراجعه اخير به پزشک با شکایت ذکر شده

AH: -

HH: -

FH: -

Physical examination

بیمار آقای میانسال هوشیار و اورینته

ill - toxic-

ملتحمه pale نیست اسکلرا icteric نیست کاشکتیک نیست

V/S:BP: 125/80 RR: 17 T: 36.8 PR: 87 SPO2: 96 %

صورت بدون اختلال حسی حرکات چشم نرمال

معاینه اعصاب کرانیال: معاینه همه اعصاب نرمال به جز فلج مسیر درماتوم عصب ۷ ، عدم توانایی در حرکت سمت چپ لب و افتادگی ان و بستن چشم چپ .

سمع قلب S1 و S2 بدون سوفل سمع ریه نرمال و قرینه بدون کاهش صدا

شکم بدون دیستنشن ، ارگانومگالی ، اسکار جراحی، نرم بدون تندرس ریپاند و گاردینگ

معاینه اندام ها : نرمال ، نبض ها پر و قرینه بدون دیفکت حسی و حرکتی.

DDX

- Bell's Palsy
- CNS defect (e.g. CVA)
- Herpes zoster infection
- Lyme disease
- Otitis media

DDX

- Guillain-Barré syndrome (GBS)
- Human immunodeficiency virus (HIV) infection
- Sarcoidosis
- Sjögren's disease
- Primary and metastatic tumors



Bell's Palsy

Introduction :

Idiopathic facial nerve palsy, also referred to as Bell's palsy, is the most common type of spontaneous peripheral facial paralysis. A viral etiology (ie, activation of the herpes simplex virus) is suspected in most cases of Bell's palsy, although there is no established or widely available method of confirming a viral mechanism in clinical practice..

EPIDEMIOLOGY:

Bell's palsy, defined as an acute idiopathic peripheral facial nerve palsy, represents approximately half of all cases of peripheral facial nerve palsy.

The estimated annual incidence rate is between 12 and 50 cases per 100,000 population.

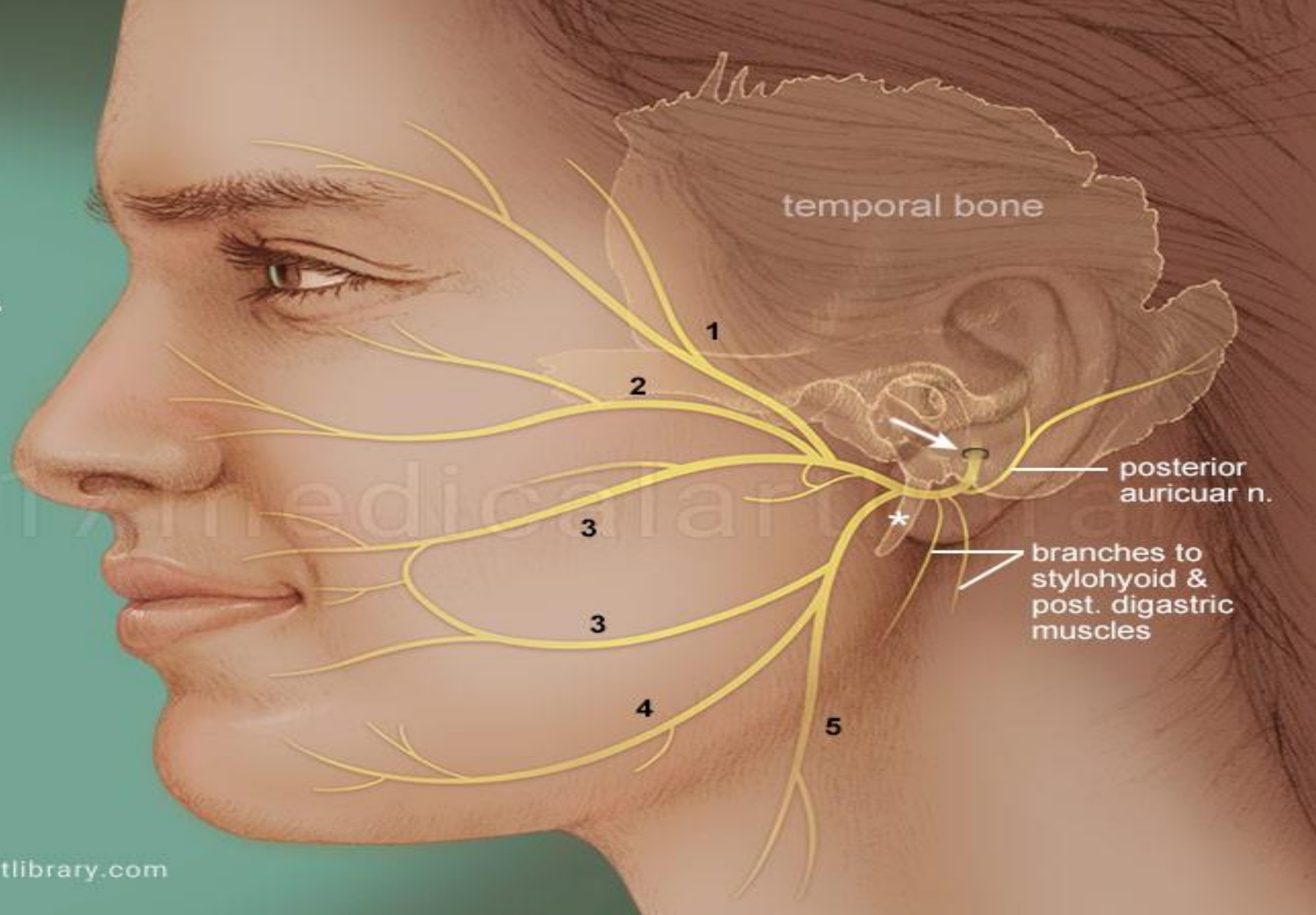
There is no race, geographic, or sex predilection. The risk is three times greater during pregnancy, especially in the third trimester and in the first postpartum week . Hypertension has been associated with a modestly increased risk of Bell's palsy in some , but not all , observational studies. One study found an association of Bell's palsy in pregnancy with preeclampsia and gestational hypertension.

Definition and pathogenesis

Bell's palsy is the term used to refer to cases of isolated peripheral facial paralysis that are idiopathic. Bell's palsy occurs when inflammation at the facial nerve impairs peripheral function. The facial nerve becomes thickened with an edematous perineurium and diffuse infiltrates of small, round, inflammatory cells between nerve bundles and around intraneural blood vessels. Myelin sheaths undergo degeneration. These changes may be seen throughout the bony course of the facial nerve, although nerve damage is maximal in the narrow labyrinthine part of the facial canal where edema causes nerve compression and the tenuous blood supply adds to the damage.

1. temporal n.
2. zygomatic n.
3. buccal n.
4. mandibular n.
5. cervical n.

* styloid process



Clinical features:

Bell's palsy is a peripheral nerve syndrome characterized by weakness of the upper and lower portions of the face.

Patients with Bell's palsy typically present with the sudden onset (usually over hours) of facial paralysis.

Bell's palsy is also frequently associated with impairment in taste.

Some patients may report ipsilateral hyperacusis or decreased tearing of the eye.

Clinical features:

Classic findings include :

- The eyebrow sagging
- Inability to close the eye
- Disappearance of the nasolabial fold
- Drooping at the affected corner of the mouth

which is drawn to the unaffected side.

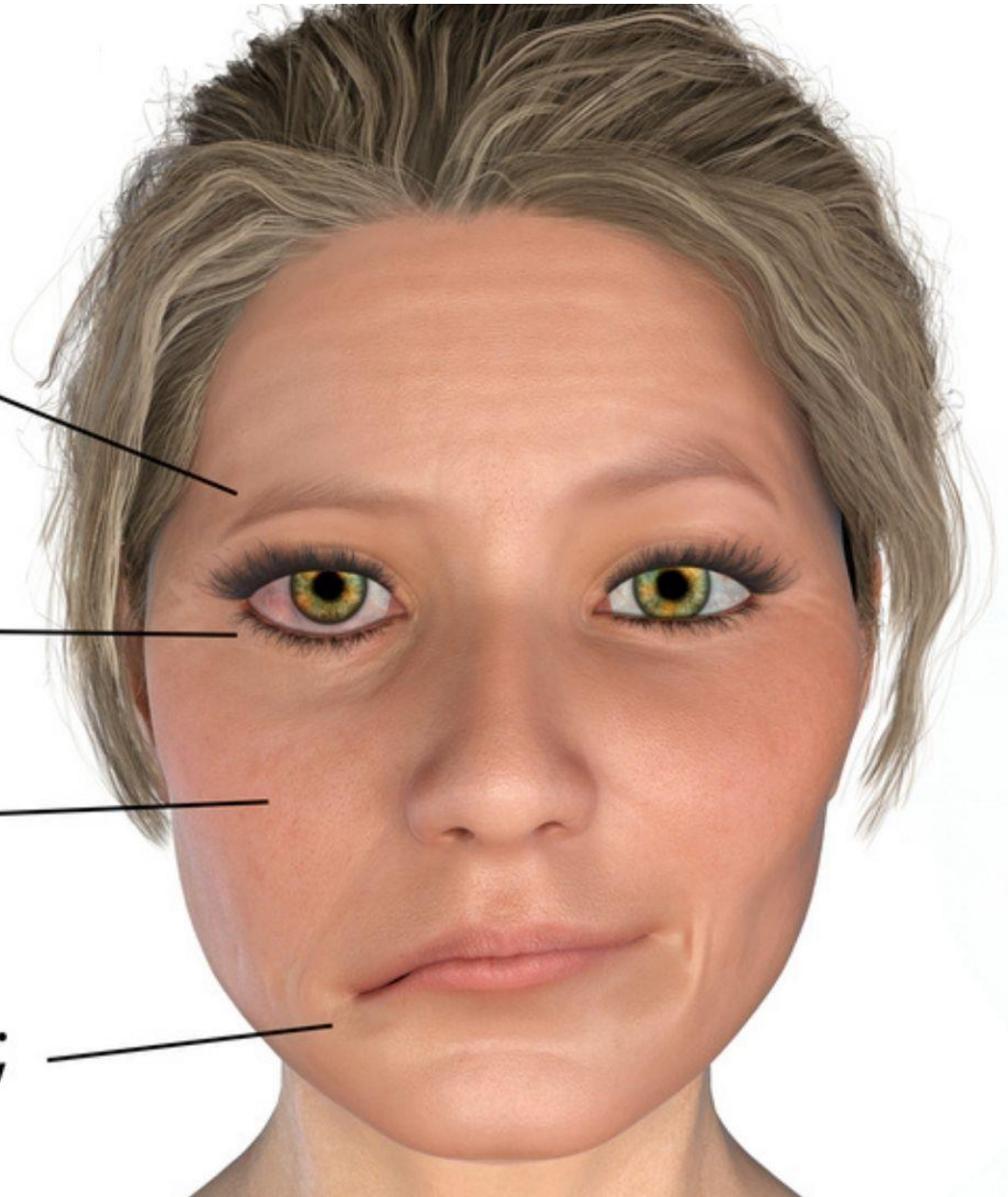
Bell's Palsy

Inability to wrinkle brow

Drooping eyelid;
inability to close eye

Inability to puff cheek;
asymmetrical smile

Drooping corner of mouth;
dry mouth



A history of a facial twitch or spasm that precedes facial weakness suggests nerve irritation from tumor and should prompt imaging. Symptoms are typically unilateral, but cases of bilateral Bell's palsy may occur. Patients with acute, bilateral facial weakness should be evaluated for Lyme disease and other more common causes of bilateral symptoms. Temporal features – Onset of facial weakness in Bell's palsy occurs over several hours, up to 72 hours. Symptoms may worsen for days, up to three weeks, then stabilize to improve. When symptoms occur suddenly or fail to improve at least partially by four months, alternative diagnoses should be considered

Examination findings :

Facial weakness with Bell's palsy typically involves the upper and lower portions of the face. By contrast, central causes of facial weakness due to unilateral upper motor neuron conditions such as stroke or tumor produce facial weakness restricted to the lower portion of the face.

Lower facial weakness that spares the eyelid and forehead muscles is usually due to a central lesion but may also be due to a distal peripheral cause. As an example, a partial lesion of the distal facial nerve at the pes anserinus (between the deep and superficial lobes of the parotid gland) that spares the temporal branch to the frontalis muscle results in lower facial paralysis, but the patient is still able to wrinkle the forehead.

Examination findings :

Nonetheless, cases of facial weakness with forehead sparing should stimulate further evaluation of a possible central etiology. Upper and lower facial weakness (that includes weakness of the eyelid and forehead muscles) is usually due to a peripheral lesion such as Bell's palsy but may also be due to a central cause.

Thus, facial weakness with preserved motor control of either emotional or volitional expression suggests a central cause to symptoms.

Diagnosis:

Bell's palsy should be suspected in patients with acute-onset isolated unilateral facial weakness. The clinical diagnosis is made in patients with typical features

- Weakness of the face that is unilateral and involves the lower (mouth, cheek) and upper (eye, forehead) muscles, with or without loss of taste on the anterior two-thirds of the tongue or altered secretion of the lacrimal and salivary glands.
- Acute onset of symptoms, within one to three days.

- The course is progressive, reaching maximal clinical weakness/paralysis within three weeks or less from the first day of visible weakness. Recovery of some degree of function occurs within four months. Laboratory testing for Lyme disease is warranted for patients in areas where the disease is endemic.

Features that are atypical for Bell's palsy include :

- Atypical clinical features
- Bilateral acute facial weakness
- Additional cranial neuropathies or other neurologic signs
- Vesicles in ear canal
- Systemic signs (eg, fever, prominent headache, stiff neck)

- Atypical temporal pattern
- Sudden onset of symptoms at maximal severity (ie, no progression)
- Insidious onset of symptoms (eg, over weeks to months)
- Continued worsening of symptoms beyond three weeks
- No improvement in symptoms within four months of onset

Patients with atypical features require diagnostic evaluation to evaluate for other causes for symptoms

Clinical evaluation:

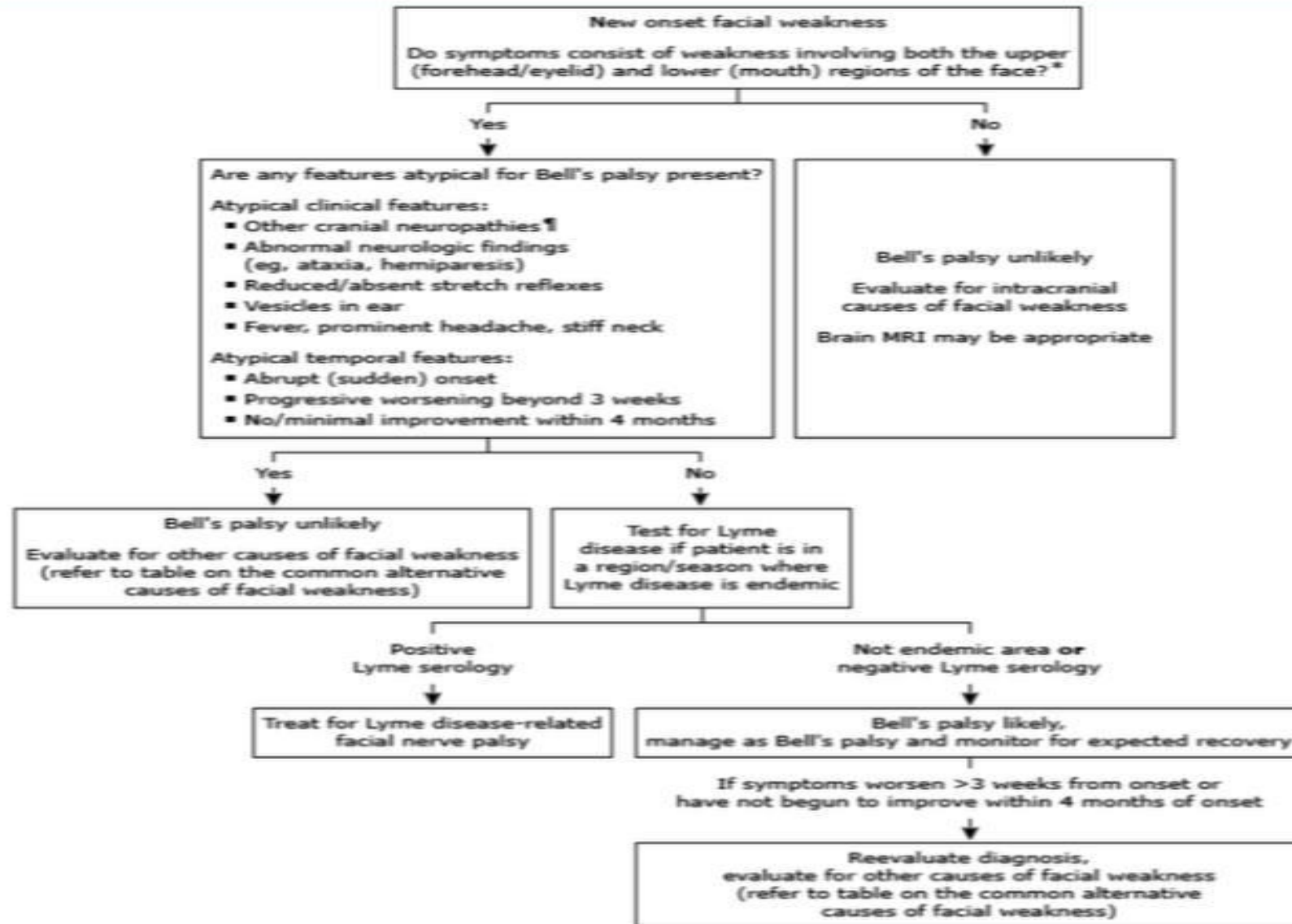
Ipsilateral findings include widening of the palpebral fissure with sagging of the lower eyelid, eyebrow sagging, disappearance of the nasolabial fold, and drooping of the mouth.

Assessment of facial movement includes observing the response to command for closing the eyes, elevating the brow, frowning, showing the teeth, puckering the lips, and tensing the soft tissues of the neck to observe for platysma activation.

Taste function may be examined by asking the patient to assess the taste of a small sample of sugar (or sugary solution) placed on the anterior aspect of the ipsilateral half of the tongue. A second sample is subsequently placed on the anterior aspect of the contralateral half of the tongue. The patient is asked to compare the taste between sides to identify lateralizing impairment of taste.

The evaluation also includes a general physical and neurologic examination. Particular attention is directed at the external ear to look for vesicles or scabbing (which indicate herpes zoster), for mass lesions within the parotid gland, and for additional findings on neurologic examination.

Evaluation of suspected Bell's palsy



Imaging:

- Magnetic resonance imaging (MRI): of the brain with sequences to assess the facial nerve and parotid gland can delineate the soft tissue structures and identify inflammation and edema associated with Bell's palsy. It can also identify alternative causes to symptoms such as cerebral infarction or hemorrhage and neoplasm in the brain, facial nerve, or parotid gland . Herpes zoster can be identified by enhancement of the inner ear structures even without a vesicular eruption. Absence of enhancement in patients diagnosed with Bell's palsy may be a good prognostic sign
- Computed tomography (CT): of the head and temporal bone with contrast may be performed as an alternative study for patients unable to undergo MRI or when bony pathology is suspected.
- Repeat imaging – For patients with acute onset of facial paralysis and negative initial imaging studies who have continued complete flaccid paralysis at seven months, repeat imaging is warranted to evaluate for slow-growing neoplasm.

INITIAL TREATMENT :

The mainstay of pharmacologic therapy for Bell's palsy or facial nerve palsy is early short-term oral glucocorticoid treatment. In severe acute cases, combining antiviral therapy with glucocorticoids may improve outcomes. Eye care is essential for patients with incomplete eye closure .

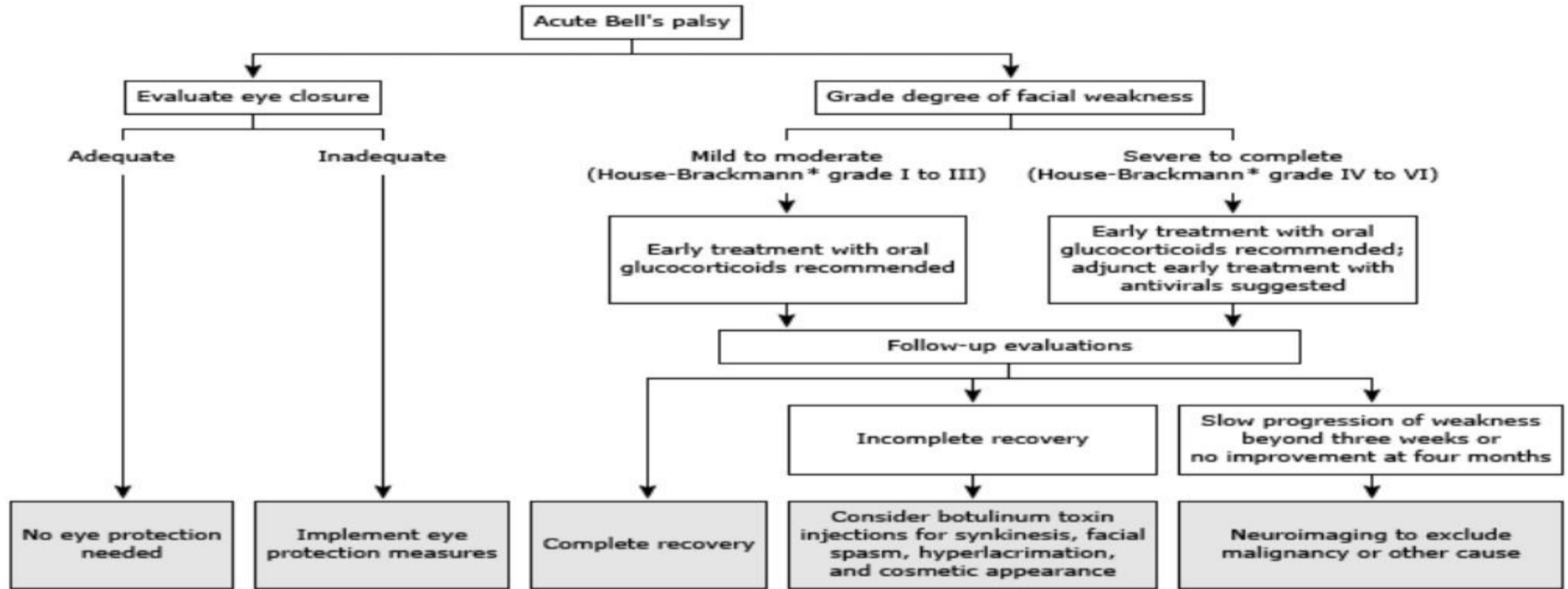
Glucocorticoids for all patients — A short-term course of oral glucocorticoids is recommended for all patients with new-onset Bell's palsy. Treatment should ideally begin within three days of symptom onset. We typically treat patients who are within seven days of symptom onset. (Dose – Our suggested regimen is prednisone (60 to 80 mg/day) for one week. A one-week course without taper is simpler and delivers approximately the same total dose. Some clinicians routinely coadminister a proton pump inhibitor or H2 receptor antagonist, although the risk of gastric ulceration in this patient population is not well characterized and prevention is primarily supported in patients with additional risk factors.

Antiviral therapy for severe symptoms :

It remains uncertain whether antiviral therapy adds benefit to glucocorticoids in patients with new-onset Bell's palsy, despite many trials and a good rationale. We suggest coadministration of oral Valacyclovir or Acyclovir along with glucocorticoids for patients with severe facial palsy. In patients with milder presentations, we use glucocorticoids alone, although some clinicians may reasonably choose to treat these patients as well. Antiviral therapy alone (without glucocorticoids) is not recommended .

- Dose – Our suggested regimen for antiviral therapy in patients with severe Bell's palsy is valacyclovir 1000 mg three times daily for one week . Acyclovir 400 mg five times daily for 10 days is an alternative to valacyclovir but is less convenient and has inferior bioavailability.

Management of Bell's palsy



* House-Brackmann classification of facial nerve dysfunction (refer to text for complete description):

- I. Normal
- II. Mild dysfunction
- III. Moderate dysfunction
- IV. Moderately severe dysfunction
- V. Severe dysfunction
- VI. Total paralysis

سطوح پیشگیری

Primordial Prevention

Primary Prevention

Secondary Prevention

Tertiary Prevention

Quaternary Prevention

Primordial Prevention

۱- آموزش صحیح به پزشکان و مراقبین سلامت جهت برخورد صحیح با افراد مبتلا به فلج بلز

۲- آموزش های لازم در سطح جامعه در مورد اهمیت تشخیص به موقع فلج بلز و افتراق آن از ضایعات مرکزی

۳- اطلاع رسانی به تمام افراد جامعه برای تشکیل پرونده الکترونیک سلامت جهت ثبت اطلاعات و سوابق شخصی و خانوادگی

Primary Prevention

۱- آموزش چهره به چهره به افراد جهت گوشزد اهمیت بررسی سریع علائم
عصبی و فلج عضلات صورت

Secondary Prevention

۱- اجتناب از برخورد با افراد مبتلا به عفونت ویروسی HSV به عنوان شایع ترین علت بروز فلج بلز

Tertiary Prevention

۱- درمان و پیگیری مناسب در افراد مبتلا به فلج بلز

۲- ارجاع به مراکز مجهرتز جهت پیگیری های مناسب

Quaternary Prevention

۱- عدم انجام اقدامات تشخیصی و درمانی اضافی

۲- جلوگیری از بستری بی مورد

۳- عدم تجویز نامناسب دارو