

Adult Neurology

Reed C. Perron, MD John T. Nasr, MD
Hugo N. Lijtmaer, MD Amrit K. Grewal, MD
Daniel R. Van Engel, MD Olga Noskin, MD
Kenneth A. Levin, MD Yamini Naidu, MD
Kenneth A. Citak, MD Daniel Berlin, MD, MSc
James T. Shamma, MD Fumin Tong, MD, PhD
Susan P. Molinari, MD Elena Zislin, PA-C

Pediatric Neurology

Peter L. Heilbronner, MD, PhD
Jennifer A. Cope, MD
Alexis M. Dallara-Marsh, MD
Mitchell Steinschneider, MD, PhD
Heather Weiner, APN

Managing Partner

Hugo N. Lijtmaer, MD

Chief Operations Officer
David T. Contento, FACMPE

Neuro Rehabilitation Center

Kenneth A. Citak, MD John Jensen, PT
Medical Director Director of Rehabilitation

Bell's Palsy

Bell's Palsy is a condition that involves temporary weakness or paralysis of the facial muscles due to inflammation, damage or trauma to the facial nerve. The facial or 7th cranial nerve passes through a narrow bony canal just behind the ear and attaches to the muscles of each side of the face. When the functioning of this nerve is disrupted, it can cause drooping of the facial muscles (sometimes leading to facial distortion or even complete paralysis), drooling, taste impairment, and/or excessive tearing of one eye. Other symptoms may include pain behind the ear, headaches, blurred vision, hypersensitivity to sound, impaired speech, dizziness and difficulty eating or drinking.

The exact cause of Bell's palsy is not known. It is thought that a viral infection leads the facial nerve to become swollen and inflamed within the canal, leading to damage to the nerve. It sometimes occurs in people with a viral illness, middle ear infection, high blood pressure, diabetes, Lyme disease or facial injury.

The diagnosis of Bell's palsy is made based on history, clinical presentation and by excluding other possible causes of facial paralysis. There is no specific laboratory test to confirm the diagnosis. Blood tests can be helpful in excluding conditions such as diabetes or certain infections. An MRI or CT scan can be helpful in eliminating other structural causes of pressure on the facial nerve.

Treatment depends upon the severity of the condition. Some cases are mild and do not require treatment. Some studies have shown that steroids (such as Prednisone) are effective in treating Bell's Palsy, probably by reducing inflammation of the nerve. There is controversy over whether or not anti-viral medications such as acyclovir help to shorten the course of the disease. Eye protection is important, as losing the eye's natural blinking ability can lead to damage to the eye. Keeping the eye moist with artificial tears or lubricating eye drops or gels can be helpful in protecting the eye from damage.

Most cases of Bell's Palsy improve over time, but the period of time varies from 2 weeks to 6 months, and some people do not recover completely. It is rare for the disorder to recur.