Health Guide

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UNDERSTANDING **FACIAL PALSY**

Facial Palsy

Facial palsy is a condition characterised by weakness or paralysis of the muscles on one side (or, less commonly, both sides) of the face. It occurs due to damage or dysfunction of the facial nerve (seventh cranial nerve), which controls facial expressions, blinking and other important functions such as tear and saliva production. **Facial palsy can affect people of all ages and may develop suddenly or gradually, depending on the underlying cause.**

Types and causes of Facial Palsy

There are different types of Facial Palsy, the most common type being Bell's palsy, which is usually sudden in onset and often linked to viral infections that cause inflammation of the facial nerve. Often the exact cause remains unknown. Other causes include infections such as herpes zoster (leading to Ramsay Hunt syndrome), ear infections, Lyme disease and viral illnesses. Facial palsy can also result from trauma to the head or face, stroke, brain tumours, congenital nerve defects or complications following surgery involving the ear or parotid gland.

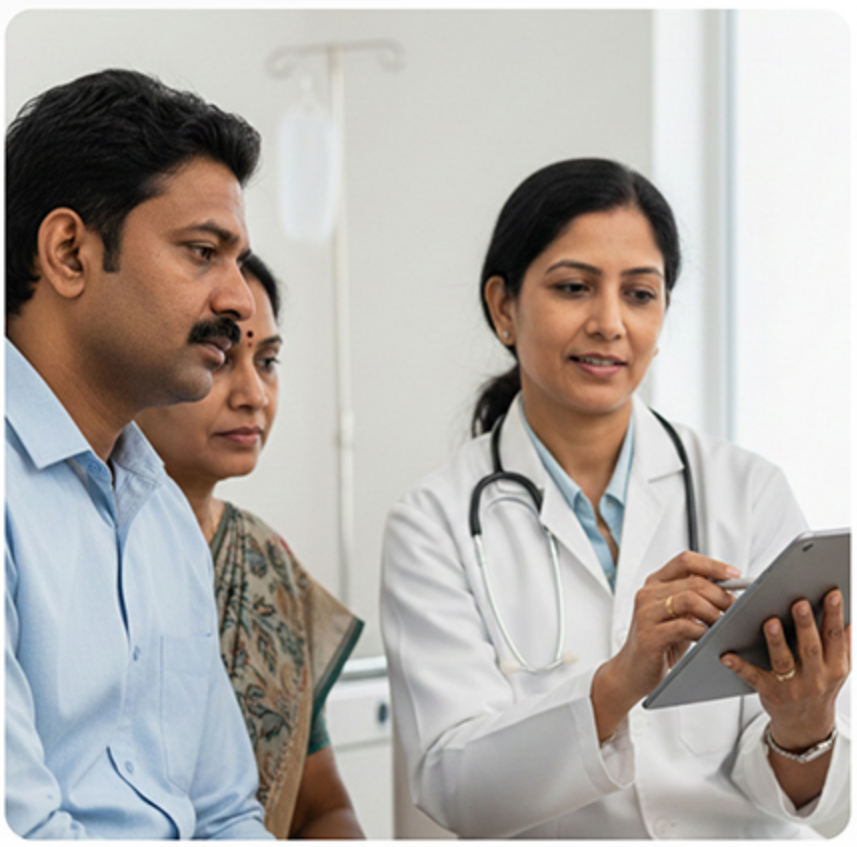
In newborns, facial palsy may occur due to pressure on the facial nerve during delivery, particularly in prolonged or assisted labour. Thankfully many infants recover fully with time and appropriate care.

Signs and Symptoms

Symptoms of facial palsy vary in severity. Common features include drooping of one side of the face, difficulty closing the eye, reduced blinking, and an uneven smile. Individuals may experience drooling, slurred speech, and difficulty chewing food. Some people also experience pain around the ear or jaw, altered taste sensation, dryness of the eye or mouth and increased sensitivity to sound on the affected side. These symptoms can significantly impact daily activities and emotional well-being.

Diagnosis

Diagnosis of facial palsy is primarily based on clinical examination and medical history. The doctor assesses facial movements, symmetry and nerve function and, if required, additional tests such as blood investigations, imaging



studies like MRI or CT scans or nerve conduction studies are recommended to identify the cause and rule out serious conditions such as stroke or tumours.

Treatment and Management

Treatment too depends on the underlying cause and severity. In Bell's palsy, early treatment with corticosteroids can reduce inflammation and improve recovery if started promptly. Antiviral medications may be prescribed when a viral infection is suspected. Eye care is crucial, especially if eyelid closure is impaired; artificial tears, eye ointments, or protective eye patches help prevent dryness and injury. Physiotherapy plays an important role in recovery by maintaining muscle tone and preventing stiffness. Facial exercises, massage, and, in some cases, electrical stimulation may be advised. Surgical intervention is rarely required but may be considered in severe or long-standing cases.

Prognosis and Outlook

Most individuals, particularly those with Bell's palsy, recover partially or completely within weeks to months. Early diagnosis, appropriate treatment and consistent rehabilitation significantly improve outcomes. With proper medical care and support, people with facial palsy can regain function.