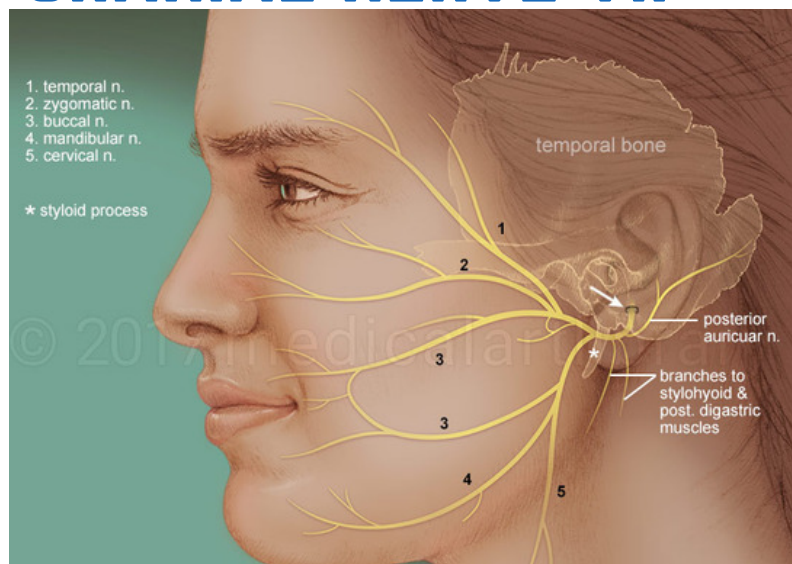


FACIAL NERVE DISORDERS

Episode 18.1

CRANIAL NERVE VII



Efferent motor: facial expression

Parasympathetic:

lacrimal glands, nasal mucosa, salivary glands

Special sensory: taste to anterior 2/3 of tongue

Somatic sensory: some regions of the ear, post-auricular skin

ACUTE INJURY

Infectious	◆	HSV, VZV, lyme, mastoiditis
Traumatic	◆	Skull base / temporal bone fracture
Neoplastic	◆	CPA tumour, parotid tumour
Congenital	◆	
Iatrogenic	◆	Postoperative

BELL'S PALSY & RAMSAY HUNT

- Herpes simplex virus mononeuritis
- Unilateral facial paralysis, onset < 2wks, viral prodrome, hearing loss, dysguesia, facial parasthesias
- Incomplete paresis has better prognosis. >90% recovery
- Poor prognosis: severe pain, complete paralysis, > 60 y.o.
- House Brackmann > 3 treat with steroids and antivirals x 7d
- Prednisone 40-60mg daily / Acyclovir 200mg 5x/d

- Herpes zoster oticus mononeuritis (shingles)
- Unilateral facial paralysis with vesicular rash in ear
- Associated sx's: tinnitus, N/V, vertigo
- Less favourable recovery versus Bell's Palsy
- Treat with Prednisone and Acyclovir x 7d (as above)



TRAUMA: TEMPORAL BONE FRACTURE

- Mechanisms: bony impingement, transection, hematoma
- Requires surgical decompression, preferably within 72hr

IATROGENIC: POST PAROTIDECTOMY

- Variable course of facial nerve raises risk of nerve injury
- Full recovery typically expected. Provide patient education pre- and post-operatively