CRANIAL NERVE VII

Efferent motor: facial expression
Parasympathetic: lacrimal glands, nasal mucosa, salivary glands
Special sensory: taste to anterior ½ 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