

Idiopathic bilateral simultaneous facial nerve palsy (B-Fnp)

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Background: Bilateral facial nerve palsy (B-FNP) is a rare clinical manifestation with incidence of 1 per 5 million people which representing less than 2 % of all cases of facial nerve palsy. Majority of the cases is due to serious underlying medical condition. However, this case report shows bilateral facial nerve palsy that could not be attributed to any particular etiology.

Case Report: A male 64-year-old with idiopathic bilateral simultaneous facial nerve palsy that occurred suddenly with difficulty closing both eyes and facial droop. Neurological examination shows bilateral peripheral facial nerve palsy. The right side is grade IV, while grade III in the left side based on House Brackman grading system. There is no other cranial nerve abnormality with normal motoric and sensory function in all extremities. There is no sign of central lesion such as vascular disease, tumor, autoimmune, intoxication or infection. Supporting examinations such as lumbar puncture,

thorax X-Ray, and head MRI with contrast shows normal result. Neurophysiology examination which is nerve conduction study (NCS) was done. There were normal results of NCS in all extremities, which is necessary to exclude Guillain-Barre Syndrome (GBS). NCS and EMG study in facial muscles shows abnormal results which supported by blink reflex testing that absent of all parameters. The patient then treated with prednisone 60mg orally that was given with tapering off dosage for 10 days. Patient was hospitalized for 12 days and discharge with good clinical improvements marked by follow up grading scale of which grade II in right side and grade I for the left side.

Conclusion: Bilateral facial nerve paralysis is a rare condition and challenging in diagnosis. It is important to have appropriate diagnosis with supporting examination and comprehensive treatments for better prognosis.

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