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Post-traumatic bilateral facial palsy: A case report

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Abstract

Post-traumatic bilateral facial nerve palsy is a rare but debilitating condition with significant psychological and aesthetic consequences. Early diagnosis and management are crucial to improving functional outcomes and minimizing long-term complications."

Aim of the study

The present case report aims to highlight clinical presentation, imaging characteristics, and different treatment modalities to ensure optimal functional recovery.

Materials and Methods

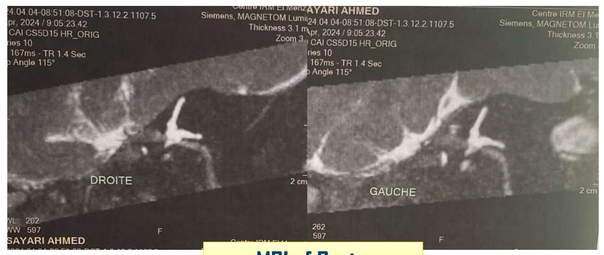
We report a case of a 27-year-old man diagnosed with post-traumatic bilateral facial palsy: clinical presentation and treatment.

Resultats

- **Patient:** 27-year-old man with no significant past medical history
- **Incident:** Motorcycle collision resulting in traumatic brain injury (TBI)
- **Initial Findings:** Head CT: 11-mm left temporal extradural hematoma, multiple skull fractures, bilateral temporal fractures
- **Follow-Up (5 days post-accident):**
  - **Symptoms:** Dizziness, right tinnitus, difficulty talking, difficulty showing facial expressions
  - **ENT Examination:**
    - **Left ear:** Normal tympanum, patent ear canal
    - **Right ear:** Otorrhagia sequelae, stenotic canal, hemotympanum
    - **Bilateral facial diplegia :**

→ Complete left facial palsy **(immediate onset?)**

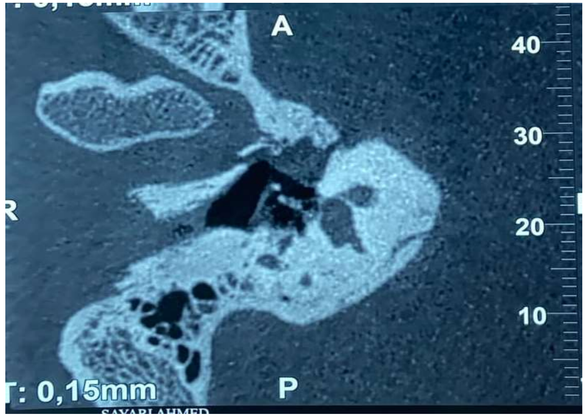
→ Right facial paresis **(delayed onset)**



MRI of Brain:

Resultats

- **Audiometry: Bilateral conductive hearing loss**
- Air conduction thresholds: 30 dB
- Rinne positive: 20 dB
- **Electromyogram & Evoked Potentials:**
- Bilateral facial nerve palsy with predominant involvement of the upper division on the left side
- **CT scan of the temporal bones:** bilateral temporal bone fracture
- **MRI of Brain:** Diffuse inflammatory changes in bilateral facial nerves



The right-sided fracture affects the squamous portion and extends across the geniculate ganglion and the beginning of the second facial nerve segment.

Treatment:

- **High-dose corticosteroids: 1.5 mg/kg/day**
- **Sulodexide**
- **Eye care**
- **Facial nerve rehabilitation: Eight sessions**

Outcome (1 month later):

Right side: Full recovery of facial function

Left side: Facial Paralysis Grading Scale (FPGS) score of 3

Conclusion

- Facial nerve palsy (FNP) can occur immediately due to direct nerve damage or be delayed because of swelling or hematoma.
- Diagnosing FNP is particularly challenging in unconscious patients and often requires CT scans and electro-diagnostic tests.
- Early surgery is recommended for immediate-onset cases involving nerve transection, while delayed-onset palsy is typically managed conservatively.
- This case report emphasizes the importance of early diagnosis and treatment of bilateral FNP following traumatic brain injury to maximize the chances of significant facial function recovery.

Références

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