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CONGENITAL FACIAL NERVE PALSY WITH ANOTIA AND POLYDACTYLY: A CASE REPORT

Ophthalmology

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ABSTRACT

In children common causes of facial nerve palsy are idiopathic, infection, trauma and congenital conditions. A case of a 10 year old male child with anotia and polydactyly with facial nerve paralysis is discussed here. Very few cases have been reported without associated cardiac and congenital anomalies.

KEYWORDS

Congenital facial palsy, anotia, polydactyly

INTRODUCTION

Facial nerve palsy in children can be – idiopathic, congenital (associated with birth trauma) or acquired (infection, inflammation, neoplastic). Idiopathic facial paralysis or Bell's palsy is the most frequent form of facial paralysis in children. Congenital facial nerve palsy can be associated with other anomalies of pinna like atresia and microtia. Here we report a case of 10 year old male child with right congenital facial nerve palsy with pinna defect and polydactyly.

Case Report

A 10 year old male child was brought by his parents with the complaint of watering from right eye. the child was born out of non consanguineous marriage. The child was born at full term, with birth weight of 3kg, by cesarean section , followed by an uneventful neonatal period. On examination lagophthalmos was noted in the right eye with good Bells phenomena. Visual acuity in both eyes was 6/9. There was decreased corneal sensation in the right eye. Fundus examination was normal in both eyes. Physical examination showed right sided anotia(Figure 1), polydactyly in right hand (Figure 2) and lower motor neuron type of facial palsy. Other cranial nerves and neurological examination was normal. On ENT examination there was moderate hearing loss on the right side. Echocardiography was normal.

DISCUSSION

The incidence of facial nerve palsy is 2-4 times lesser in children as compared to adults. It is estimated to be 10.1 per 100,000 per year in children over 10 years and 2.7 per 100,000 in children less than 10 years.[1] It can be idiopathic, congenital or acquired. Congenital facial palsy is usually associated with risk factors such as perinatal trauma, primipara mother, birth weight more than 3.5kg, forceps delivery.[2] The term Bell's palsy is used to describe an acute onset, idiopathic facial paralysis resulting from a dysfunction anywhere along the peripheral part of facial nerve from the level of pons distally.[3]There can be an association with syndromes such as Moebius syndrome, Goldenhar syndrome, Melkerson Rosenthal syndrome or syringobulbia.[4] Children usually present with inadequate eye closure, asymmetric smile or decreased forehead movement. Examination of facial nerve is done by asking the child to close their lids, elevate their eyebrows or smile to look for any asymmetry in both sides. In younger patients observation has to be made while crying. In our patient there was decreased eyebrow elevation(Figure 3) and decreased smile on right side.

The treatment of facial nerve palsy will depend on the underlying cause. Steroids and acyclovir have been recommended in the treatment of Bell's palsy in children above 16 years.[5] In cases of lagophthalmos artificial tears during the day and lid taping while sleeping should be done to avoid any exposure keratitis. Our patient had mild lagophthalmos with good Bells phenomena. He was given artificial tears to be used four times daily.

CONCLUSION

There have been few reports of congenital facial nerve palsy with anotia but without cardiac defects or other congenital anomalies. In children , after idiopathic infection, trauma and congenital conditions are the most common cause of facial nerve palsy. A multidisciplinary approach with involvement of a pediatrician, neurologist an ENT specialist should be done.

Figure 1 showing anotia of right side with absent external auditory canal

Figure 2 showing polydactyly of right hand

Figure 3 showing absence of wrinkling and decreased eyebrow elevation on right side

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Declaration Of Conflict Of Interest

None

Informed Consent

A verbal consent was taken from the legal guardian of the patient

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