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Paralisis facial periferica idiopatica pdf

What is peripheral facial paralysis? Peripheral facial paralysis is a weakness or absence of muscles mobility on one side of the face. This happens when the facial nerve, which controls said muscles, occurs at any point of his path and stop working. Why is it? It can be due to various reasons: viral infections (has been linked to the herpes, chickenpox, influence viruses and the one that causes mononucleosis); Infection from a bacterium transmitting ticks and produces $\dot{A} \dot{e} \dot{a}, \dot{A}$ "Lyme $\dot{e} \dot{a}, \dot{A}$ - enfermity; as a complication of otitis; A shot on one side of the head; With high blood pressure or tumor. When a clear cause is not found, we talk about idiopathic facial paralysis, known as beautiful $\dot{a}, \dot{A} \dot{e} \dot{a}, \dot{A}$ "para $\dot{e} \dot{a}, \dot{A}$ - (in honor of the doctor who described it in the 19th century). The latter is the most frequent cause in children. It is believed to occur when it is a reactivation of the simple herpes virus which is latent in a ganglion and responds immune system causing an inflammation of the facial nerve. What are the symptoms? The main symptoms consist of an asymmetry on the face. Eyebrow on the interested side is falling, they cannot raise or wrinkle of the forehead. It is difficult to close your eyes, so it seems to be more open than the others and tears. The corner of the mouth is also descended, deviates towards the healthy side, which is more evident when trying to smile. They cannot teach teeth or stroke. Sometimes you can notice the sounds in an intense and annoying way from a problem heard and have tasting the kitchen. Bell paralysis, these symptoms appear only and abruptly (in 24-48 hours), which helps differentiate from other diseases. What should I consult? When the first symptoms appear, it is advisable to attend the pediatrician as soon as possible to make an evaluation, important diseases of waste and advise adequate treatment. How do you diagnose? There is no cement diagnostic test, a detailed anamnesis and child exploration is what is more intention to help the pediatrician guide the diagnosis and request the necessary tests. Blood analysis is usually performed if there is fever, otitis or complication of this. Even to do a serology when there is a suspicion of Lyme disease to have been in the field, if a mint has cut, when a reddish stain appears on the body or if it was paralyzed the two sides of the face. In the event that he had his neck rigging, a lumbar puncture will have to be practiced. Radiology tests are made (as a TAC or resonance) in the following situations: when there is a stroke story, if the child is weak even in other parts of the body, alterations in the sight or difficulty of swallow and when the paralysis lasts More than 3 months or does not improve in 6 months. Specific studies evaluating muscle activity (electromyography) or nerve (electronarogram) help to create a prognosis, but generally occur only in cases of serious paralysis that do not improve more than 3 weeks. When a bell paralysis is suspected, the usual thing is that no evidence is made and mention to see the evolution with the otorhinolaryngology and / or neurology children. Coma? Treatment will depend on the cause. Bacteria Infections like otitis or Lyme disease require treatment with antibiotics. If there is a fracture in the skull that compresses the nerve, surgery can be needed. When it occurs from the reactivation of the varicella virus in the region heard (known as Ramsay-Hunt syndrome, painting with the pain and the appearance of typical varicellar lesions in the auditory conduit or around the ear), it will be convenient for the With corticosteroids and an antiviral drug. If an high arterial tension will have to take drugs to lower it. Bell paralysis is caused by an inflammation that compresses the nerve and is considered that corticosteroids, due to their anti-inflammatory effect, can be useful. In adults it was shown that evolution is better when they immediately receive treatment with corticosteroids. Studies conducted in children are not conclusive in \dot{e}

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