

Idiopathic Bell’s Palsy in setting of Trigeminal Neuralgia: An Unfortunate Case Report

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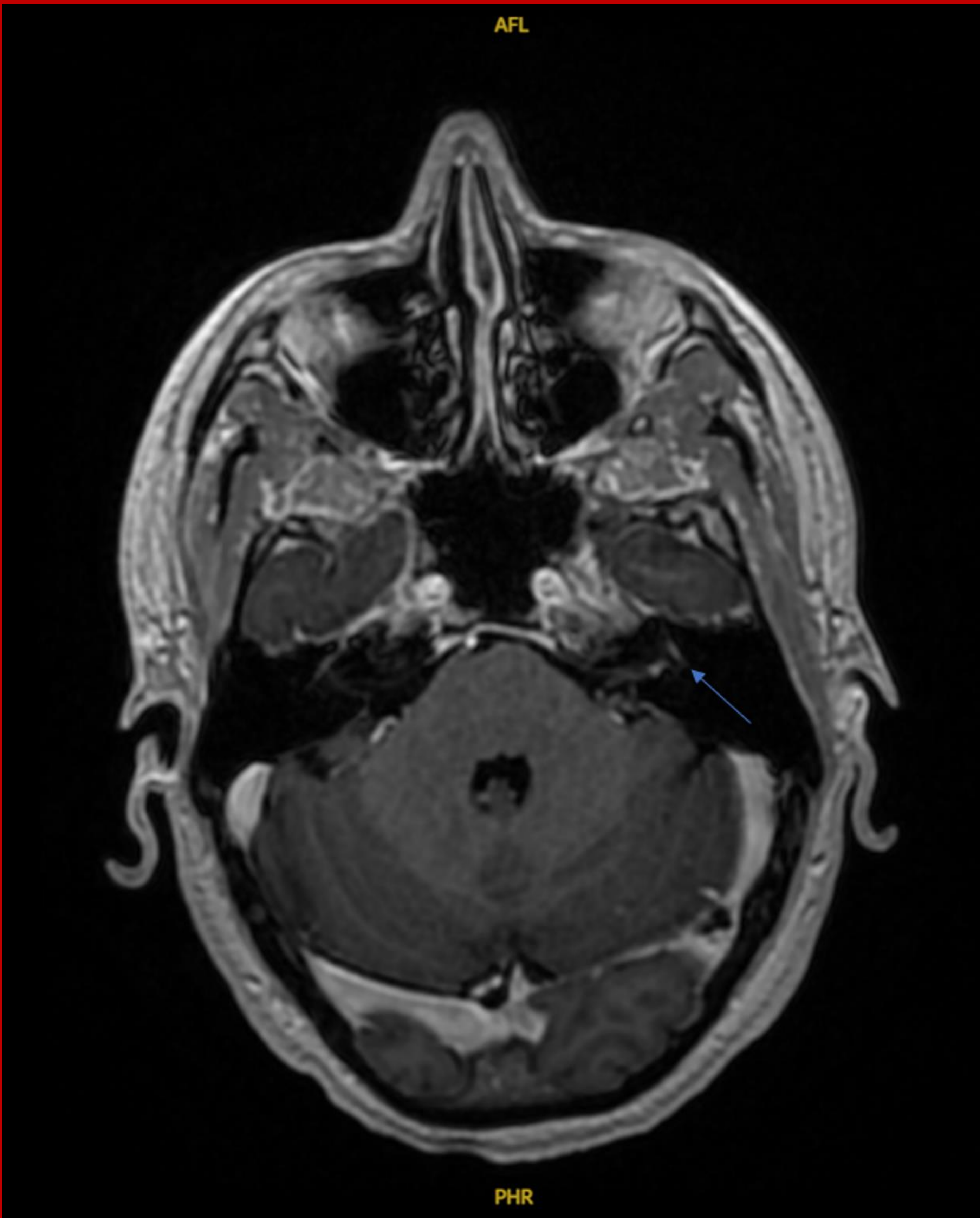
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Intro

- Trigeminal neuralgia is a neurological disorder that affects the 5th cranial nerve and is notorious for its debilitating facial pain.
- Most common etiology is the superior cerebellar artery impeding on the root of the trigeminal nerve [1].
- Belly’s Palsy is a neurological condition that affects the 7th cranial nerve and typically presents as facial muscle paralysis or weakness [2].
- Based on our literature search, prior history of trigeminal neuralgia does not predispose a person to Bell’s Palsy and there has only been one other concomitant case [3].



Trigeminal neuralgia and Bell’s Palsy are severely limiting conditions on their own. While there is no documented link between these two disorders, clinical suspicion must remain high. A multidisciplinary approach may facilitate a patient’s recovery.



Case Report

- 37-year-old male with past medical history of trigeminal neuralgia, Meniere’s disease and migraines who presented to his local emergency room hospital for new onset facial muscle weakness, numbness and tingling. He also endorsed inability to close his left eye and keep water in his mouth as he was brushing his teeth that morning.
- Primary symptoms also included difficulty with ambulatory proprioception, facial paralysis and severe pain primarily along the left V2 dermatome that would start and stop randomly with loud sounds acting as a trigger.
- Stat CT of his brain and CT angiogram of head and neck but both were negative for acute intracranial abnormalities. Subsequent MRI of his brain showed new enhancement within the left internal auditory canal fundus extending along the labyrinthine and tympanic segments of the left facial nerve which can be seen with peripheral facial neuritis.
- Our patient reported no history of herpes infection ever but was still empirically treated with valacyclovir and a steroid taper. Workup was negative for Lyme disease.

Discussion

- Although the cause of Bell’s Palsy is unknown, it is commonly linked to a viral etiology.
- His pain was managed with scheduled gabapentin, acetaminophen and oxycodone with as needed topiramate.
- We also supplemented him with a variety of nutritional supplements as this has been theorized to enhance recovery of facial pain disorders [4].

References

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