Peripheral facial paralysis in children

Introduction
- Peripheral facial paralysis (PFP) is a common pathology in adults and is relatively rare in children. Its etiologies are varied and dominated by inflammatory disorders. His prognosis is better than in adults.

The goal of the poster
- to describe the diagnostic procedure and the treatment of PFP in children

Materials & Methods
- We report 20 cases of PFP in patients younger than 16 years of age collected and managed in the ENT department of the military hospital of Tunis over a period of 9 years (2009 to 2017).

Results:
- Average age: 10 years [2, 5 to 15 years].
- Sex-ratio: 1.25: 15 boys and 12 girls.
- Average time of consultation: 4.63 days. [2-7]
- Reason for consultation: Facial asymmetry found by parents in 90%
- A facial rocking palsy (2 cases).
- Tonal audiometry and study of SR : made in 81%
- A radiological assessments:
  - CT of the rocks (n = 4)
  - Brain MRI and internal auditory meatus (n = 16).
- Serology of Lyme: practiced in 10.95% of cases.
- Treatment:
  - Corticotherapy IV in all patients
  - Motor rehabilitation of the face: 9 .
  - Antibiotherapy IV based on amoxicillin-clavulanic acid in 2 cases.
  - Antiviral treatment prescribed in 6 cases.
- Evolution: Favorable with complete regression of the PFP without sequelae in 18 patients with a mean follow-up of 3 years.

Discussion
- Idiopathic PFP: most common cause of PFP (26 and 76% of PFP in children).
- Etiopathogenesis: not well understood:
  - Reactivation of herpes simplex virus type 1 (HSV-1) at the level of the ganglion geniculus.
  - Infectious cause more common in children.
  - Melkerson-Rosenthal Syndrome.
  - Guillain-Barré Clinical presentation: no particularities compared to those of the adult.
  - Idiopathic character can only be retained after eliminating secondary facial paralysis.
- Explorations: no further examination is needed if the typical PFIP chart is for patients with no clinical onset of recovery after 3 to 6 weeks: secondary aggravation of initially incomplete facial paralysis; appearance of another neurological sign (other cranial nerve).
- Treatment:
  - Idiopathic PFP: Oral corticosteroids 1 mg / kg / day for 10 days starting treatment in the first 3 days of evolution.
  - Zosterian PFP or Ramsay-Hunt syndrome: IV + antiviral corticosteroids in children older than 2 years (aciclovir 80 mg / kg / day taken 4 times for 5 days).
  - Traumatic PFP: the decompression of the facial nerve in its labyrinthine portion is not recommended. Surgical nerve repair attempted very early in case of direct trauma to the facial portion of the nerve.
- Kinesitherapy: function of severity:
  - PFPincompletes recover completely and more quickly THE score of House and Brackmann → good indicator but difficult in children.
  - Electrophysiological → objective but difficult tests in severe forms with no recovery plan or when a facial decompression surgery is considered.

Conclusion:
- Idiopathic facial palsy is the most common form of facial palsy in children but remains a diagnosis of elimination. Its prognosis is more favorable than in the adult. A complete recovery of the motor function of the facial nerve is the rule after a variable delay depending on the etiology.