**Table 1**

**Alternative causes of acute unilateral lower motor neurone facial palsy**[1,17-19]

| Infective | Neoplastic | Inflammatory | Autoimmune | Metabolic | Trauma | Other* |
|---|---|---|---|---|---|---|
| Ramsay-Hunt syndrome | Facial nerve schwannoma | Sarcoidosis | Guillain–Barré syndrome | Diabetic mononeuritis | Temporal bone fracture | Melkersson-Rosenthal syndrome |
| Zoster sine herpete | Head/neck cancer and facial nerve infiltration e.g. parotid carcinoma | Vasculitis | Multiple sclerosis | | Post-operative | Cholesteatoma |
| Lyme neuroborreliosis | Cerebello-pontine angle tumours e.g. acoustic neuroma | Basal meningitis | Miller Fisher syndrome | | | |
| HIV, EBV, Zika | Cerebral or leptomeningeal metastatic spread | | | | | |
| TB, polio, syphilis | | | | | | |
| Otitis media/ malignant otitis externa/ mastoiditis | | | | | | |
| Basal meningitis | | | | | | |

*Rarely a focal pontine lesion can result in isolated lower motor neurone facial weakness, the spontaneous onset would differentiate this from other causes[18]