Box 1

Case history

A fit and well 33-year-old woman presented to her GP with a 12-hour history of right-sided facial weakness and ear pain. Examination confirmed right-sided facial weakness with nonspecific sensory changes and lagophthalmos. The patient was systemically well, showed no other neurological signs, and otological examination was normal.

The case history represents a typical presentation of Bell's palsy. Unfortunately, unlike the majority of patients, her facial palsy and lagophthalmos persisted; over time she developed distressing synkinesis (involuntary facial twitching/spasms), depression, anxiety, and headaches.

Like many sufferers there was a long interval between the onset of facial palsy and referral as it was felt her condition was primarily cosmetic and the synkinesis was an inevitable (untreatable) sequela of the condition. She was referred to a specialist service where directed physical therapy and botulinum toxin injections controlled aberrant synkinetic movements to restore her facial function and improve her quality of life. Figure 1, p29, demonstrates what can be achieved with targeted facial exercises.