

Depression in a case of Bell's Palsy : a case report

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ABSTRACT

Bell's Palsy is a lower motor neuron lesion of the facial nerve that usually occurs in winter and recovers in few months. However in some cases it may take longer and lead to facial disfigurement leading to depression. Here we present a case of Bell's palsy that developed depression.

Key words: *Bell's palsy, depression, facial nerve.*

INTRODUCTION

The face is the primary communication channel for social interaction and it serves to communicate emotion, initiate and regulate the dynamics of conversation, develop rapport, and build social connectedness [1-2]. Bell's palsy is defined as an idiopathic, acute, peripheral facial nerve palsy that usually show some degree of recovery within six months [3]. It is the most common cause of facial nerve palsy, with an approximate incidence of 11-40 patients per 100,000 persons [4-5]. Various studies have found increased incidence of anxiety and depression in people suffering from different varieties of facial paralysis [6-7].

CASE REPORT

Here we report the case of an 18 year girl studying in 12th standard who was referred to our outpatient department by otolaryngology with complaints of sadness of mood, reduced interest in studies and other activities since 40-45 days prior to our presentation. She had complaints of bilateral ear discharge since childhood for which she

had to undergo some operation in childhood, details of which were not available. She had undergone a right ear operation for her problem 6 months prior to seeing us and was alright till about 45 days prior to presentation when she had to undergo left ear surgery. She underwent left ear modified radical mastoidectomy along with left facial nerve re-routing and grafting. After the operation she had difficulty in closing her left eyelid and was unable to chew food from the left side of her mouth. Family members noticed a deviation of her mouth to the right side whenever she used to smile or talk. She was diagnosed as having 'Bell's Palsy'. She was given Prednisolone 180mg which was gradually tapered and stopped. Physiotherapy was also administered.

On a detailed history it was revealed that the father was not in favor of undergoing surgery considering risk associated with it. Inadvertently Bell's palsy lead to distress in the patient as well as her parents. She started remaining aloof and withdrawn. She stopped communicating with her family members and friends. Her appetite was reduced and she started feeling empty in her mind, low in energy and lethargic. She developed a sadness of mood throughout the day and occasionally would have crying spells. She would have persistent ruminating thoughts regarding her facial disfigurement. She lost interest in daily activities like reading, watching television, etc. Her hopelessness increased further due to non-improvement in her facial palsy even after 45 days of onset. She developed palpitations and increased worry about her condition. Since 10-15 days she had developed suicidal ideations as her facial disfigurement was not subsiding. Hence a psychiatric referral was sought. There was no history suggestive of psychotic features of bipolar mood disorder and family history was clinically insignificant. She was diagnosed as Major Depressive Disorder and started on Escitalopram 10mg per day in divided doses. Alprazolam 0.5mg was added twice a day for relief of anxiety. She followed up in 2 weeks and had shown 30-40% improvement. She is currently on regular follow up with us and has improved 70% over a period of 6 weeks.

DISCUSSION

A study amongst Japanese patients reported psychological stress in patients with various facial nerve palsies, of which over 70% had Bell's palsy [8]. Another study from China found psychological distress in patients with Bell's palsy was significantly higher than that among control patients [9]. It has been found that impairment in forming basic expressions of emotion resulted in significantly poorer social functioning in patients with facial paralysis [10]. This case depicts the psychological distress of a person who develops sudden facial disfigurement. It also emphasizes the need to treat the underlying cause as prolonged disfigurement may lead to apprehensive anxiety and major depression with helplessness, suicidal ideations as it happened in this case. Neurologists managing cases of facial nerve paralysis need to be sensitive and vigilant about the psychological comorbidity that may ensue.

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