Bell's Palsy in Puerperium - Case Report

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Minor neurological disorders affecting the peripheral nerves are common in pregnancy. They do become cause of concern for the patient, their attendants and the treating physicians. The one form of facial paralysis affecting the seventh cranial nerve is idiopathic lower motor neuron type of lesion and is seen three times more commonly in pregnancy than in non pregnant women of similar age.

Majority of these cases occur in late pregnancy and in early puerperium. Although actiology remains uncertain it is likely that symptoms are due to the compression of the swollen nerve in its course through temporal bone. Viral actiology has also been incriminated. The overall incidence of the disease is 23 in 100,000 annually or about one in 60-70 person in life time. Because of this rarity the present case is being reported.

Case Report : Mrs. X, aged 31 years who was a booked antenatal case at Kamla Nehru Hospital, Shimla reported to the labour room on 4-6-1998 at 2.00 p.m. with history of labour pains for the last ten hours. Her Hb was 11 gm⁹, blood pressure was 110/70. Her per abdomen examination showed height of uterus full term with cephalic presentation with foetal tachycardia. Her pelvic examination revealed fully dilated cervix and thus ARM was done which showed thick meconium stained liquor. So outlet forceps were applied to hasten the second stage of labour in the foetal interest. The third stage of labour was uneventful.

On first postnatal day patient noticed some difficulty while taking some liquids and attendants noticed drooping of left side of face. She later started watering from left eye with inability to close the left eye. There was however no sensory loss. ENT and medical experts were consulted.

No drugs were prescribed for this palsy, only care of the exposed cornea, facial massage and reassurance were given and patient made a full recovery after 14 days.