

The Baby Cries..”What Happened To Your Face?”

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SUMMARY

Facial paralysis in a child is rare, and can be congenital or acquired. A majority of cases resolve on their own, as commonly it is a result of Bell's palsy. Bell's palsy with cytomegalovirus is not common. Therefore, making it the first ever encounter at our centre. An 11-month-old boy who presented with facial asymmetry for 2 days. He had no history of trauma or evidence of recent ear infection. Parents noticed significant changes in the child's expression during playing and feeding, which alerted them to seek medical attention. Otherwise, the child was healthy. Antenatal history was uneventful. On examination, the patient had a lower motor neuron, right sided facial nerve palsy, House Brackmann (HB) Grade IV. Neurological assessments including the cranial nerves were intact. Other ENT assessments were unremarkable, including hearing tests. Right-sided Bell's palsy was diagnosed and was started on a 5-week course of oral prednisolone, in tapering doses and a short course of empirical antibiotics. Facial physiotherapy was given for muscle strengthening. Many laboratory tests including immunological and infectious screening were done on the 3rd day of illness, which later resulted in positive serum Polymerase Chain Reaction (PCR) for cytomegalovirus. High-resolution computed tomography (HRCT) scan of temporal bone showed a normal course of the facial canal with no significant abnormalities. Initial recovery was slow, but progressed well to complete resolution after 3 months of rehabilitation. Bell's palsy is rare in infants. Its causes are unknown or idiopathic. Therefore, careful diagnostic workout is essential in order to rule out other serious illnesses which may cause serious morbidity to the child.

Fungal sinusitis with unresolved facial nerve palsy

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SUMMARY

Fungal sinusitis is an infection of paranasal sinus caused by the fungi. The commonest pathogens are Aspergillosis and Mucormycosis. The maxillary and ethmoid sinuses are the most common sinuses to be affected. However, it may be present in sphenoid sinus as well. Involvement of frontal sinus is rare. Fungal sinusitis can be divided into an invasive and non-invasive form, depending on invasion of mucosal layer and bone destruction. Predisposing factors are immunocompromised patients who for example have uncontrolled diabetes mellitus, malignancy, end stage renal disease and prolonged corticosteroid use. We report a case of a 55-year-old woman initially admitted under medical and OMFS team for diabetic ketoacidosis secondary to right buccal abscess. She presented with 3 weeks history of right facial asymmetry and right cheek swelling. Patient had a history of tooth extraction for tooth pain 5 days prior to the onset of the symptoms. Case was referred to the ORL team later as noted the CT brain showed soft tissue lesion at right maxillary sinus with bony erosion of the wall of right maxillary and sphenoid sinuses with right infraorbital foramen. Despite completing antifungal medication (itraconazole) and undergoing operation (Functional Endoscopic Sinus Surgery), the facial nerve palsy still showed no improvement. Rigid right nasal endoscopic findings during follow up showed clear right maxillary antrum with no new mass or remnant seen. Swelling at the right cheek also completely resolved. It is important to diagnose and start treatment early as late diagnosis and treatment may cause severe or even fatal complications.