A rare case of congenital facial nerve palsy with extreme ocular manifestations

Rahul Kumar Bafna ¹, Suman Lata ¹, Anusha Sachan ¹,
Mohamed Ibrahim Asif ²

¹Ophthalmology, All India Institute of Medical Sciences, New Delhi, India

²Ophthalmology, Rajendra Prasad Center for Ophthalmic Sciences, Delhi, India

Correspondence to

Dr Suman Lata;
suman.dhanda300@gmail.com

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DESCRIPTION

A 12-month-old malnourished female child, born by normal vaginal delivery, presented to us with lagophthalmos and healed corneal ulcer with keratinisation. Examination revealed right facial asymmetry, temporal hollowing, loss of nasolabial fold and drooping of the right angle of mouth (figure 1C) with lagophthalmos, ptosis with grade 6 exposure keratopathy of right eye (figure 1A,B—side view, 1d—front view). A clinical diagnosis of congenital facial nerve palsy with exposure keratopathy was made. In addition to facial nerve palsy, there was laryngomalacia resulting in protein energy malnutrition. On paediatric evaluation, no other cranial nerve or other organ abnormalities were seen. Lateral tarsorrhaphy was done and planned for penetrating keratoplasty

subsequently.¹ We highlight the need for early ocular examination and regular follow-up in these cases to avoid blinding sequelae. Congenital facial nerve palsy and musculoskeletal abnormalities can be associated with Moebius,² Poland,³ Goldenhar⁴ and CATCH-22⁵ syndromes, and needs a careful evaluation for same.

Learning points

- Congenital facial nerve palsy needs early diagnosis and regular follow-up to look for recovery and for development of any ocular complications.
- Congenital facial nerve palsy and musculoskeletal abnormalities can be associated with Moebius, Poland, Goldenhar or CATCH-22 syndrome, and needs careful evaluation.

Figure 1 (A) Shows right facial asymmetry, temporal hollowing, lagophthalmos with healed keratitis. (B) A side view of the right eye showing grade 6 exposure keratopathy involving central and inferior cornea. (C) Shows loss of right side nasolabial fold and drooping of the right angle of mouth. (D) A front view of the right eye showing grade 6 exposure keratopathy involving central and inferior cornea.

Patient's perspective

We, the parents of child (12 months old child) are very disturbed with the condition of our only child. We have been explained about the nature of disease and the outcomes of intervention (tarsorrhaphy). We are a bit relieved after understanding the when and why it happened to our child and are hopeful about the improvement in eye status and look forward to future intervention in terms of optical penetrating keratoplasty for visual rehabilitation.

Twitter Anusha Sachan @Anusha Sachan

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Disclaimer Case reports provide a valuable learning resource for the scientific community and can indicate areas of interest for future research. They should not be used in isolation to guide treatment choices or public health policy.

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ORCID iDs

Rahul Kumar Bafna <http://orcid.org/0000-0002-6795-0508>

Suman Lata <http://orcid.org/0000-0002-2218-3130>

Anusha Sachan <http://orcid.org/0000-0001-9737-6706>

Mohamed Ibrahim Asif <http://orcid.org/0000-0002-9949-3962>

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