

Evidence Discussion Facial Palsy and Hemifacial Spasm (HD-6)

EviCore
By EVERNORTH

- Facial nerve palsy/Bell's Palsy, commonly referred to as Bell's Palsy, does not routinely require imaging as recommended by the American Academy of Neurology and the American Academy of Otolaryngology Head and Neck Surgery Foundation.¹⁻⁵ Complete recovery typically occurs within 3 to 6 months.^{1,2}
- When imaging is indicated, MRI is the preferred modality for evaluating the facial nerve from its origin in the brainstem, through its intracranial and extracranial segments.² This would include imaging of the brain, face or both areas concurrently.² MRI is useful to exclude structural causes of facial nerve paralysis in the setting of red flags.²
- Imaging is reserved for cases with "red flags," which include atypical, recurrent or persistent cases.^{2,5,10,12} Limiting imaging to those with "red flags" avoids unnecessary radiation exposure, identification of incidental findings, contrast reactions, and unnecessary costs.^{1,7} The risk of limiting imaging includes missing identifiable and treatable causes of facial paralysis. To mitigate this risk, clinical follow up is recommended at 3 months.¹
- MRI has sensitivity ranging from 73% to 100% in detecting peripheral spread of tumor.²
- As the facial nerve courses through the temporal bone, CT temporal bone is useful to identify temporal bone fractures, bony anatomy, bone erosion and for surgical planning.²
- Vascular imaging is helpful if stroke is clinically suspected.²
- For evaluation of hemifacial spasm, MRA allows characterization of vascular loops compressing the facial nerve,^{2,4} with sensitivity >95% and correlates well with surgical findings.²

References

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