Bell’s palsy: Medical and surgical treatment

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Bell’s palsy is unilateral, acute onset facial paralysis that is a common condition. One in every 65 people experiences Bell’s palsy in the course of their lifetime. The majority of patients afflicted with this idiopathic disorder recover facial function. Initial treatment involves oral corticosteroids, possible antiviral drugs, and protection of the eye from desiccation. A small subset of patients may be left with incomplete recovery, synkinesis, facial contracture, or hemifacial spasm. A combination of medical and surgical treatment options exist to treat the long-term sequelae of Bell’s palsy. Bell’s palsy is a clinical diagnosis and is largely one of exclusion. Patients present with a sudden onset of facial weakness that tends to be unilateral and rapidly progressive. The facial weakness tends to reach its peak within 72 hours. Patients may also have accompanied hyperacusis, change in facial sensation, neck or periauricular pain, or dysgeusia.

Biography

Kalpesh Vakharia is an Assistant Professor of Facial Plastic and Reconstructive Surgery in the Department of Otolaryngology – Head and Neck Surgery at the University of Maryland, School of Medicine. He is double boarded in Otolaryngology – Head and Neck Surgery as well as in Facial Plastic and Reconstructive Surgery. He received his Medical degree from University of California, San Francisco. He completed a five year residency in Otolaryngology- Head and Neck Surgery at Harvard Medical School followed by an AAFPRS Facial Plastic and Reconstructive Surgery Fellowship at the Cleveland Clinic Foundation. He is an accomplished clinician, teacher and researcher. He has several publications in the field of Facial Plastic and Reconstructive Surgery and has presented his research at many national meetings. His clinical interests include treating facial nerve disorders, facial reconstruction and reanimation, as well as aging face rejuvenation.

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