BELL’S PALSY
(also known as “facial palsy”, “facial neuropathy”, and “idiopathic facial paralysis”)

Date of Publication: Sept. 11, 2014

Is the initiation of non-invasive dental hygiene procedures* contra-indicated?  No

- Is medical consult advised? .............................................. No (assuming patient/client is already under medical care for Bell’s palsy; if not, then consult is advised to ensure appropriate management [e.g., oral steroids [such as prednisone], antiviral drugs, lubricating eye-drops, etc.]. Also, sudden weakness on one side of the face should be checked by a physician to rule out stroke or transient ischemic attack — TIA.)

Is the initiation of invasive dental hygiene procedures contra-indicated?** No

- Is medical consult advised? .............................................. No; see above.
- Is medical clearance required? ........................................ No
- Is antibiotic prophylaxis required? ................................. No
- Is postponing treatment advised? ................................ No, not typically, unless facial palsy significantly complicates procedures. (Most patients/clients with Bell’s palsy begin to get better within 2 weeks after the initial onset of symptoms, and most recover completely within 3 to 6 months.)

Oral management implications

- In patients/clients with Bell’s palsy, adaptations for impaired oral musculature may be required in the context of dental hygiene care. Furthermore, patient/client protective eyewear is of extra importance, as the patient/client’s eyelids may not close on the affected side of the face.
- Oral self-care instructions should include establishment of a brushing pattern to help the patient/client with reduced oral sensation from missing areas. Eating soft, smooth foods, such as yogurt, may help decrease swallowing problems, as will eating slowly and chewing food well.
- Facial exercises (e.g., tightening and relaxing the facial muscles) may aid in recovery.

Oral manifestations

- Signs/symptoms include twitching, weakness, or paralysis on one or rarely both sides of the face. Other oral signs/symptoms include drooping corner of the mouth, drooling, dryness of the mouth (xerostomia), and taste impairment. Most often these signs/symptoms begin suddenly and reach their peak within 48 hours, leading to significant facial distortion.
- Facial and dental neuralgia, temporomandibular joint pain, masticatory muscle pain, loss of taste, impaired speech, and difficulty eating or drinking may occur.
- Oral musculature numbness affects the ability to chew, and may lead to oral trauma (such as cheek biting), and to increased debris on the affected side of the mouth. Glossitis and candidiasis may be present.
**Related signs and symptoms**

- Bell’s palsy is a form of usually temporary facial neuropathy resulting from inflammation/damage to the seventh cranial nerve (i.e., facial nerve). In addition to facial muscles, the facial nerve affects tears, saliva, taste, and a bone in the middle ear.

- Although the specific reason Bell’s palsy occurs isn’t clear, a recent viral syndrome and/or upper respiratory tract infection is common. Viruses that have been linked to Bell’s palsy include the common cold sore virus (*Herpes simplex*); *chickenpox* and *shingles* (Herpes zoster); *mononucleosis* (Epstein-Barr); cytomegalovirus; adenovirus; *rubella*; *mumps*; *influenza* (especially influenza B); and *hand-foot-and-mouth disease* (coxackie virus). Regardless of underlying cause, the facial nerve swells and becomes inflamed, causing pressure within the Fallopian canal of the skull. Facial palsy has also been associated with headaches, chronic middle ear infection, high blood pressure, diabetes, sarcoidosis, tumours, Lyme disease, and trauma such as skull fracture or facial injury.

- Men and women are affected equally. While Bell’s palsy can occur at any age, it is less common before age 15 years or after age 60. It disproportionally affects persons who have diabetes or upper respiratory tract infections, or who are pregnant (especially during the third trimester and during the peripartum period).

- Drooping of the eyelid and dryness of the eye are common. There may also be excessive tearing in one eye. The corneal reflex may be reduced on the affected side.

- Ringing in one or both ears, hypersensitivity to sound, headache, and dizziness may occur.

- Complications include misdirected regrowth of nerve fibers, resulting in involuntary contraction of certain muscles while trying to move others (“synkinesis”); e.g., eye closing when smiling attempted or lacrimation with eating (“crocodile tears”).

---

**References and sources of more detailed information**


---

* Includes oral hygiene instruction, fitting a mouth guard, taking an impression, etc.

** Ontario Regulation 501/07 made under the Dental Hygiene Act, 1991. Invasive dental hygiene procedures are scaling teeth and root planing, including curetting surrounding tissue.

Date: August 26, 2014
Revised: September 25, 2019