puncture for possible Guillain-Barré syndrome, or MRI scanning may be indicated. MRI often shows swelling and enhancement of the facial nerve in idiopathic Bell's palsy **(Fig. 441-4)**.

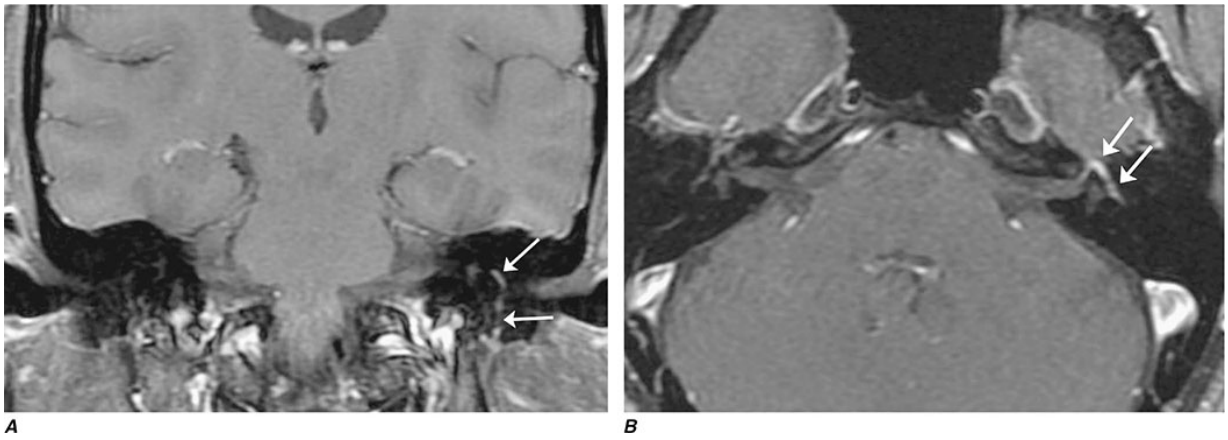

FIGURE 441-4 Axial and coronal T1-weighted images after gadolinium with fat suppression demonstrate diffuse smooth linear enhancement of the left facial nerve, involving the genu, tympanic, and mastoid segments within the temporal bone (*arrows*), without evidence of mass lesion. Although highly suggestive of Bell's palsy, similar findings may be seen with other etiologies such as Lyme disease, sarcoidosis, and perineural malignant spread.

TREATMENT

Bell's Palsy

Symptomatic measures include (1) the use of paper tape to depress the upper eyelid during sleep and prevent corneal drying, (2) artificial tears; and (3) massage of the weakened muscles. A course of glucocorticoids, given as prednisone 60–80 mg daily during the first 5 days and then tapered over the next 5 days, modestly shortens the recovery period and improves the functional outcome. Although large and well-controlled randomized trials found no added benefit of the antiviral agents valacyclovir (1000 mg daily for 5–7 days) or acyclovir (400 mg five times daily for 10 days) compared to glucocorticoids alone, either of these agents should be used if vesicular lesions are observed in the palate or external auditor canal. For patients with permanent paralysis from Bell's palsy, a number of cosmetic surgical procedures have been used to restore a relatively symmetric appearance to the face.