

Facial nerve dysfunction after treatment for Lyme disease

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In their study, Wormser and colleagues found that 6 of the 11 Lyme disease patients (54.5%) suffered from facial nerve dysfunction an average of 13.1 months following the onset of treatment with corticosteroids.¹

- 52-year-old man with “tearing of left eye when eating (Bogorad’s syndrome); mild residual weakness left side.”
- 51-year-old man with “mild residual left sided weakness; dryness left eye; after speaking a lot, left sided facial muscles feel abnormal.”
- 56-year-old man with “narrowed palpebral fissure right eye; dry mouth; sensation of muscles around right eye being squeezed; tearing of right eye; twitching of the area between the eyes on the forehead; new dimple right cheek; intermittent lisp.”
- 25-year-old man with “narrowed palpebral fissure left eye; reduced forehead movement; right sided jaw discomfort with eating; tearing of the left eye when eating (Bogorad’s syndrome).”
- 61-year-old man with “narrowed palpebral fissure right eye; difficulty whistling; right eye discharge at night.”
- 70-year-old woman who had “surgical facial nerve decompression nearly 3 months after onset of the LDFP (Lyme disease facial palsy).”

“Facial synkinesis presents following injury to the facial nerve and manifests as involuntary movement during volitional or spontaneous movement. This phenomenon may become clinically apparent 3 to 4 months following facial nerve injury,” wrote Shokri et al.²

Additionally, LeWitt described a case of hemifacial spasm (HFS) from Lyme disease and concluded that “Because its diagnosis can be occult and antibiotic therapy can be both diagnostic and therapeutic, Lyme disease should be a consideration for cases of HFS.”³

Ramsey and colleagues examined acute peripheral facial palsy (APFP) in Lyme disease patients and found that “10% of patients with APFP testing positive for Lyme disease may be an underestimate, since several other studies in endemic areas have reported rates varying from 14.7% to 33%.” The authors did not indicate how many of their patients had incomplete eyelid closure or abnormal facial movement from aberrant regeneration.⁴

“We recommend screening patients with APFP for associated and treatable factors, especially Lyme disease in regions where the disease is endemic.”⁴

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[Can Bell's palsy lead to nonflaccid facial palsy in Lyme disease?](#)

[Treatment varies for Bell's palsy in children with Lyme disease](#)

References:

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