

References

[EM:RAP 2020 November: Pharmacology Rounds: Common Antibiotic Errors](#)

[EMA 2021 August: Abstract 7: Removal of a Warning Against Cephalosporins in Penicillin Allergy](#)

Bell Palsy in Pediatric Patients

Ilene Claudius and Patrick Walsh

- Bell palsy is less common in children than in adults.
- Initial evaluation:
 - Physical exam:

PEARLS

- First identify whether the facial weakness involves the forehead (if not, this suggests stroke and not Bell palsy), and then progress to a thorough examination
 - Ensure there is involvement of the upper face (eyelid, forehead), which helps confirm this is a peripheral nerve palsy.
 - Perform a thorough exam to look for other neurologic deficits that would make a peripheral nerve palsy less likely.
- Differential diagnosis:
 - Otitis media
 - Trauma
 - Herpes simplex virus or varicella zoster
 - Lyme disease
 - Malignancy
- New cancer diagnosis (leukemia, lymphoma, brain cancer) after an episode of Bell palsy.
 - Cancer is traditionally taught as an etiology to be concerned about.
 - Overall: 0.3%
 - Kids <5 years: 0.7%
 - Compared with kids presenting with cough to the ED, a diagnosis of Bell palsy is associated with an 11-fold increase in subsequent cancer diagnosis.
 - How does this affect workup?
 - Perform a thorough physical examination (check for hepatosplenomegaly and lymphadenopathy).

- Ensure proper follow-up.
- Treatment
 - There are no high-quality studies in pediatric patients on corticosteroids or antivirals.
 - Corticosteroid use is very variable across clinicians.
 - Lyme disease
 - Should be a concern in any Lyme endemic area.
 - Treatment: doxycycline 4.4 mg/kg divided twice a day (max dose 100 mg) for 14-21 days.
 - Concern for herpes virus (eg, herpetic lesions in ear).
 - Prednisone 1 mg/kg/day for 7-10 days.
 - Acyclovir 80 mg/kg divided every 6 hours for 7-10 days or valacyclovir 20 mg/kg every 8 hours for 7-10 days.
 - Otitis media
 - Carefully examine for mastoiditis (ear proptosis).
 - Start antibiotics.
 - Consult/refer to ear, nose, and throat for possible drainage to relieve pressure.

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- **Eye care** is critical to prevent ophthalmologic complications in patients with impaired eye closure.

Related content:

CorePendium: Bell Palsy - <https://www.emrap.org/corependium/chapter/recvMlu7VuF-Blv6x4/Bell-Palsy>

Risk of malignancy following emergency department Bell's Palsy diagnosis in children
Walsh PS, Gray JM, Ramgopal S, et al. Am J Emerg Med. 2022;53:63-67. PMID: 34992025

An Unusual Headache

Mel Herbert and Wendy Roderweiss

Case: A female patient presents with a headache that is described as frontal, behind the eyes, and across both sides. It doesn't respond to over-the-counter analgesics. She has photophobia. This is different from the patient's usual migraine headache. She has nausea, but there is no vomiting.