



A girl with kaleidoscope eyes

David Yue, MD

Lucy, 28, a right-handed receptionist, presents to the clinic with a three-day history of visual disturbance in her right eye, which she describes as seeing through a kaleidoscope. She has already gone to the emergency room for and was booked to see an ophthalmologist in 10 days.

However, on the morning of this visit, she had difficulty opening the left side of her mouth and closing her left eye. There was no change in taste sensations. She also complained of high-pitched noises in both ears. In addition, she was

seeing double with her right eye when she looked to the left. There was no history of head trauma, but she was in a motor vehicle accident nine months earlier in which she was rear-ended. She denies having any symptoms of upper respiratory tract infections, fever or chills. Lucy has no complaints of headaches, nausea or vomiting, vision loss, gait or coordination problems.

Lucy's examination

- On examination, Lucy was alert and oriented
- Her vitals were:
 - BP 120/80 right arm
 - Pulse regular at 72 beats per minute
 - Temperature 36.5 C
- Her head and neck exam revealed a normal pharynx and normal tympanic membranes with no vesicles in the canals
- Her pupils were equal and reactive
- Optic discs were normal
- Extra ocular movements were normal except with some horizontal diplopia seeming to originate from her right eye
- Her facial sensations were normal
- A left facial paresis was noted
- Her gait was normal
- Her muscle tone and strength were equal and bilateral
- Her reflexes were all normal

Lucy's medical history

- Lucy's past medical history was significant for migraine-type headaches and a lazy right eye
- She smokes 12 packs of cigarettes a year
- She is on oral contraceptives
- She has a family history that is negative for diabetes, coronary artery disease and cerebrovascular accidents

What's your diagnosis?

- a) Migraine headache
- b) Cerebrovascular accident
- c) Bell's palsy
- d) Multiple sclerosis

**In
Dreams
She Runs**




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Answer:

Bell's palsy

About Bell's palsy

Bell's palsy is the most common form of facial paralysis and is often idiopathic. Its onset is quite sudden and often maximal weakness is reached within 48 hours. Post auricular pain can precede the paralysis by one to two days and hyperacusis may also be present. Prognosis is good and most patients will have a full recovery within a few months. Oral prednisone is recommended within the first five days and should be tapered over the following few days. Bedtime eye patches may also be beneficial and antivirals are often prescribed. 

More on Lucy

- Lucy was referred back to the ED to rule out any other intracranial pathology
- A CT scan of her head was reported to be normal
- A phone consultation with the on-call neurologist confirmed the diagnosis of Bell's palsy
- Lucy was started on acyclovir, 800 mg, five times per day for five days and a tapering course of prednisone starting with 60 mg and decreasing to 10 mg each subsequent day
- At the four-week follow-up appointment her facial droop had improved 80%

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