Isolated peripheral facial nerve palsy post COVID-19 vaccination with complete clinical recovery

Dear Editor,

The case of a middle-aged-man presenting with facial nerve palsy post COVID-19 vaccination[1] was published to highlight the need to maintain a high index of suspicion, do detailed clinically evaluation of the patient and treat appropriately. The authors acknowledge the comments raised[2] and address the same.

A recent large systematic review has found facial nerve palsy to be the most common cranial neuropathy associated with COVID-19, particularly in patients presenting with Guillain Barre Syndrome (GBS).[3] Similar cases are increasingly being reported with COVID-19 vaccination.[4] Thus, it is imperative to rule out GBS clinically if a patient presents with facial nerve palsy. Rather, bilateral facial diplegia can be a GBS variant in itself requiring intravenous immunoglobulin (IVIG). However, isolated unilateral facial nerve palsy is often peripheral and responds well to oral steroids.

The reported case[1] had isolated unilateral lower-motor-neuron type (peripheral) facial nerve palsy with no systemic focal sensory or motor neurological deficit. There was neither extraocular muscle palsy nor any other cranial nerve involvement. In view of the absence of any other neurological deficit, magnetic resonance imaging brain was denied by the patient.

The patient was clinically followed up closely after starting oral steroids and had a favorable response within the first week, with near-complete recovery in symptoms in 10 days as shown in the clinical image.[1] No IVIG was given to the patient. Subsequent follow-up after completing 2 weeks of oral steroids revealed a complete clinical recovery. The case was reported to immunization program authorities and Adverse Events Following Immunization Committee for information and documentation, where again the same diagnosis was accepted and recorded.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Somya Ish, Pranav Ish[1]

Department of Ophthalmology, Theia Eye Care Clinic, New Delhi, [1]Department of Pulmonary, Critical Care and Sleep Medicine, VMMC and Safdarjung Hospital, New Delhi, India

Correspondence to: Dr. Pranav Ish, Room No. 638, Superspeciality Block, Department of Pulmonary, Critical Care and Sleep Medicine, VMMC and Safdarjung Hospital, New Delhi - 110 029, India. E-mail: pranavish2512@gmail.com

References

1. Ish S, Ish P. Facial nerve palsy after COVID-19 vaccination-A rare association or a coincidence. Indian J Ophthalmol 2021;69:2550-2.
2. Finsterer J. Post-SARS-CoV-2 vaccination facial palsy requires extensive work-up and appropriate treatment. Indian J Ophthalmol 2022;70:346.
3. Finsterer J, Scorza FA, Scorza C, Fiorini A. COVID-19 associated cranial nerve neuropathy: A systematic review. Bosn J Basic Med Sci 2021. doi: 10.17305/bjbms. 2021.6341.
4. Introna A, Caputo F, Santoro C, Guerra T, Ucci M, Mezzapesa DM, *et al*. Guillain-Barré syndrome after AstraZeneca COVID-19-vaccination: A causal or casual association? Clin Neurol Neurosurg 2021;208:106887.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_2425_21

Cite this article as: Ish S, Ish P. Isolated peripheral facial nerve palsy post COVID-19 vaccination with complete clinical recovery. Indian J Ophthalmol 2022;70:347.

© 2021 Indian Journal of Ophthalmology | Published by Wolters Kluwer - Medknow