Congenital facial palsy with anotia and congenital heart disease in infants: A rare presentation

Suhas Kulkarni¹, Sachin Verma², Saiprasad Onkareshwar Kavthekar³*, Bhawan Kumar Singh⁴

¹,³Associate Professor, ²,⁴Junior Resident. ¹,³Dept. of Pediatrics, D.Y. Patil Medical College and Hospital Kadamwadi, Kolhapur, Maharashtra, India.

*Corresponding Author: Saiprasad Onkareshwar Kavthekar

Email: dr.sachin120@gmail.com

Abstract

Developmental facial paralysis is associated with other anomalies including those of pinna and external auditory canal, ranging from mild defects to severe microtia and atresia and also associated with congenital heart defect. Here we report case series of three cases of developmental facial palsy which are associated with ear anomalies and congenital heart defects.

Keywords: Anotia, Congenital facial palsy, Congenital heart disease.

Introduction

Congenital Facial Palsy (CFP) is generally considered to be either developmental or acquired in origin. Developmental facial paralysis is associated with other anomalies including those of pinna and external auditory canal, ranging from mild defects to severe microtia and atresia and also associated with congenital heart defect. Most of the acquired facial palsy is due to birth injury.

Case 1

A female full-term new born delivered by vaginal route with intrauterine growth retardation was admitted in the Neonatal Intensive Care Unit with anomaly at birth. There was no history suggestive of intrauterine infection or drug intake during pregnancy. Physical examination showed right side anotia with right preauricular tag and right lower motor neuron facial palsy (Fig. 1 and 2). There were no other cranial nerve palsies and the rest of the neurological examination was normal. Magnetic Resonance Imaging (MRI) brain was normal.

High-resolution CT temporal bone done to define the etiology of facial nerve palsy and revealed absence of pinna, non-visualization of right auditory canal and normal middle ear ossicles. Brainstem Evoked Response Audiometry (BERA) showed bilateral peak “V” observed up to 40 db NHL, moderate hearing loss on right side. 2-D ECHO showed acyanotic congenital heart disease, 1mm atrial septal defect, and 5mm moderate sized ventricular septal defect and both were having left to right shunt.

Case 2

4 months old baby born of normal full-term caesarean delivery was referred for ear anomalies. Physical examination showed bilateral anotia with bilateral auricular tags and bilateral lower motor neuron facial palsies (Fig. 3 and 4). Ultrasound abdomen was normal, MRI brain was also normal, BERA showed moderate NHL ranging 30-50dbNHL.2-D ECHO showed Acyanotic congenital heart disease with ASD 1.5mm (Left to Right shunt) and 1mm patent ductus arteriosus.

Case 3

2 month male baby born of normal full-term vaginal delivery brought by parent for ear anomaly. Bay had right anotia and right assymetric crying facies and normal left ear and rest of central nervous system examination was normal. MRI brain was normal. BERA showed moderate grade hearing loss upto 20 db. 2-D ECHO showed 2mm VSD with left to right shunt.
Congenital facial palsy is an infrequent condition and most of them are associated with ear and cardiac anomalies.

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**Conflict of interest**
None.

**References**

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