Title: Updates in the Management of Bell's Palsy
Keywords: Bell's Palsy; Acute Peripheral Facial Palsy; Recovery

Abstract Objective
- Highlight the various etiologies of Bell's palsy
- Discuss the current standard of care for the treatment of Bell's palsy and explore potential opportunities for improvement to this regimen based on the newest research and guidelines

Abstract Method
Review of the literature regarding the clinical presentation, pathophysiology and medical management for Bell's Palsy

Abstract results
The lifetime risk of Bell's palsy (also known as Acute Peripheral Facial Palsy) is estimated to be 1 in 60. While the majority of patients with sudden facial palsy recover full function, at least 25% of affected individuals will have sustained sequelae, even with what is currently considered to be optimal medical management.

Bell's palsy presents as a rapid onset partial or complete inability to voluntarily move facial muscles on the affected side of the face with potentially devastating long-term outcomes. While a viral etiology is suspected, the exact mechanism of Bell's palsy is not well defined.

There is a convincing rationale for a more aggressive medical approach in the initial treatment of patients presenting with this condition. Currently, there the standard of care is highlighted as a course of oral corticosteroids with or without the addition of oral antivirals for 10 days. Unfortunately, there is still a number of patients mistreated with oral antiviral monotherapy. New research is demonstrating the role of combined corticosteroids and antivirals for at least 3 weeks to help enhance recovery. Furthermore, the role of Nimodipine in recovery from peripheral facial palsy is expanding. The increased incidence of herpes zoster as a potential cause also brings into question the role of the Zostavax vaccine.

Abstract Conclusion
The management of Bell's palsy should recognize the likelihood of viral etiology, the timing and stages of neuronal injury and repair, and the complex immunity associated with herpes virus reactivation. There is evidence to suggest that early initiation of treatment and increased duration may lead to improved outcomes.