

Bell's palsy in pregnancy: is there an association with obstetric complications?

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Objective and Methods

- This study reports a case of a patient with diabetes who developed Bell's palsy in the third trimester of a pregnancy, complicated by stillbirth and eclampsia.
- The data was obtained by patient interview and the consultation of the electronic clinic process (Obscare®, Sclínico® and Astraia®).

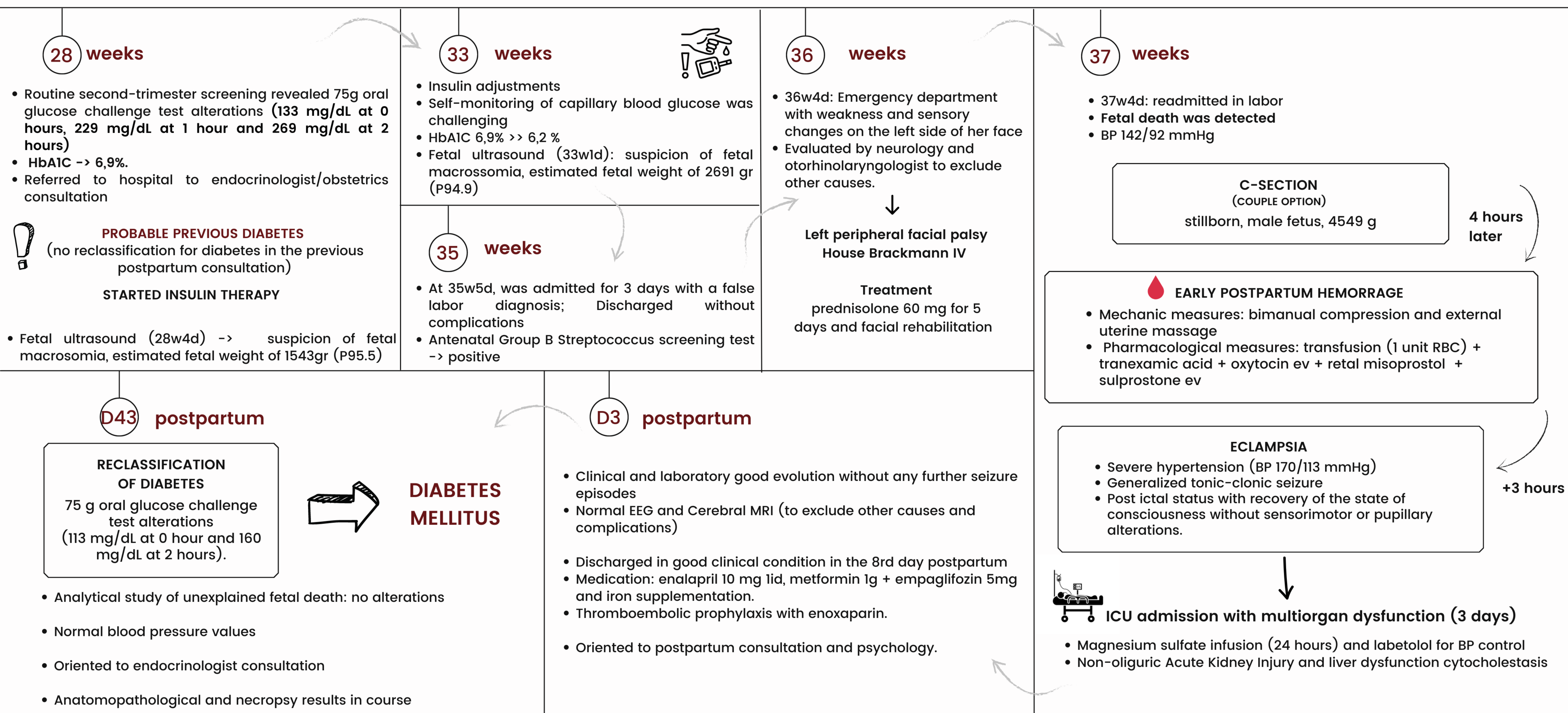


Case presentation

- 39-year-old Moroccan
- Smoker; BMI 23,2 Kg/m²
- Gravida 3 Para 2 (vaginal delivery and c-section)
- First pregnancy: normal
- Second pregnancy: gestational diabetes treated with insulin and complicated by diabetic ketoacidosis, requiring intensive care unit (ICU) admission.



- Initial vigilance at health family care center
- Referred to hospital at 16 weeks due to loss of routine first trimester screening for aneuploidies
- First ultrasound at 16w2d: normal
- Noninvasive prenatal testing (NIPT): low risk for aneuploidies with fetal fraction of 10%
- No blood test of the first-trimester
- Morphologic ultrasound at 22w4d: normal.
- Discharged again to health family care to normal pregnancy vigilance



Conclusion

This case shows the possible association between eclampsia, diabetes and idiopathic peripheral facial nerve palsy due to similar pathophysiological mechanisms. Facial palsy can occur during the third trimester or early postpartum, and the prognosis is generally good. However, obstetricians must be vigilant, with closer monitoring of blood pressure. Bell's palsy is the most frequent unilateral cranial nerve pathology affecting women and may be a prodromal sign of coexist disorders such as gestational diabetes or mellitus diabetes, pre-eclampsia, eclampsia and HELLP syndrome. Pregnant women with Bell's palsy should be evaluated carefully for associated maternal and fetal conditions. Control of blood sugar and appropriate fetal surveillance is crucial to preventing stillbirth in diabetic women.