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**Neonatal facial palsy: Is CPAP the culprit?**

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Facial palsy in newborn occurs in 0.23% to 1.8% of live births. Out of these, 78% to 90% cases are associated with birth trauma. Neonatal idiopathic facial palsy is even rarer. Some of the risk factors for birth trauma are a particular position of fetus where the face is compressed against the mother's sacral promontory, fetus's shoulder, application of forceps, primigravida mother and baby's birth weight more than 3500 g. However, Laing et al., in a retrospective case-control study found no association between permanent congenital facial palsy and presence of risk factors for trauma during delivery. They emphasized that it being a serious medicolegal issue for obstetricians, care should be taken before announcing that facial palsy is due to birth trauma. In our present case series, MRI brain was normal. In neonates, the mastoid process is not fully developed, thus making facial nerve vulnerable to injury as it exits through the stylomastoid foramen. Compression injury can also occur in mandibular nerve (one of the branches of the facial nerve as it courses just above the lower edge of the mandible). We propose the compression of the facial nerve near its exit from the stylomastoid foramen is due to application of tight CPAP interface as the cause in all of our patients. Akin to Bell's palsy, we have named it as Pandita's palsy.

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