(g)

DOI: 10.32474/OJNBD.2020.04.000196

Mini Review

Van Der Wiel-Friedreich Idiopathic Facial Paralysis: A Case and A Brief Review of the Early Documentation of the Disorder in the Medical Literature

Aamir Jalal Al Mosawi^{1,2}*

ISSN: 2637-6628

¹Senior Advisor Doctor, Department of Pediatrics, Baghdad Medical City, Iraq

²Head, Iraq Headquarter of Copernicus Scientists International Panel, Baghdad, Iraq

Received:

☐ October 19, 2020

Published:

☐ October 30, 2020

Abstract

Background: van der Wiel-Friedreich idiopathic facial paralysis is a unilateral, partial, or complete lower motor neutron facial nerve paralysis. The weakness can be associated with mild pain, numbness. The aim of this paper is to present a case of van der Wiel-Douglas-Friedreich idiopathic facial paralysis and to describe the early documentation of the disorder in the medical literature.

Patients and Methods: The case of a six-year old boy with van der Wiel-Friedreich idiopathic facial paralysis is describe and the relevant medical literatures were reviewed to delineate accurately the early documentation of the disorder in the medical literature.

Results: The boy had lower motor neuron left facial nerve paralysis without any other neurological abnormality and was otherwise health, and no identified cause could be found (idiopathic). Based on the available evidence based-practice guideline, the boy was not given steroid therapy. Two weeks after the onset of the illness, the boy showed improvement in his condition. Review of the relevant literature showed that the condition was first described by Stalpart van der Wiel in 1686 and by Nicolaus Anton Friedreich in 1798.

Conclusion: Deep literature review showed that the valuable works of Stalpart van der Wiel and Nicolaus Anton Friedreich who provided the earliest published descriptions have been missed for centuries.

Keywords: Van Der Wiel-Friedreich Palsy; Idiopathic Facial Paralysis

Introduction

Van der Wiel-Friedreich idiopathic facial paralysis is a unilateral, partial, or complete lower motor neutron facial nerve paralysis. The weakness can be associated with mild pain, numbness. Because, the condition is typically self-limited, treatment with oral steroids within 72 hours of the onset is generally recommended for patients 16 years and older, and not for younger children. The aim of this paper is to present a case of van der Wiel-Friedreich idiopathic facial paralysis and to describe the early documentation of the disorder in the medical literature [1].

Patients and Methods

The case of a six-year old boy with van der Wiel-Friedreich idiopathic facial paralysis is describe and the relevant medical

literatures were reviewed to delineate accurately the early documentation of the disorder in the medical literature.

Results

The parents of a six-year old boy noticed that their son was developing deviation of the angle of the mouth to right side especially during crying and laughing, and inability to close his left eye. When first seen the boy obviously had lower motor neuron left facial nerve paralysis with complete disappearance of the left nasolabial fold, and he was unable to close his left eye (Figure 1A).

Based on the available evidence based-practice guideline, the boy was not given steroid therapy. Two weeks after the onset of the

^{*}Corresponding author: Aamir Jalal Al Mosawi, Department of Pediatrics, Baghdad Medical City, Iraq

illness, the boy showed improvement in his ability to close the left eye and less deviation of the mouth (Figure 1B).

Review of the relevant literature showed that, in 1686, Stalpart van der Wiel (Figure 2) described the occurrence of unilateral facial paralysis of unknown causation in a married lady. The patient complained of a twisting of her mouth from the left to the right side. The affected side was weak and numb, and the eye on

the affected side could not be closed properly. The lady was also drooling at one side. The condition described Stalpart van der Wiel had rather a sudden onset and occurred shortly after exposure to "cold". There was emphasis that the patient experienced recovery of the symptoms after unspecified medicinal treatment, within a few weeks. van der Wiel also reported that the patient developed the condition immediately post-partum [2].



Figure 1A: Early during the course of the illness, the boy had deviation of the angle of the mouth to right side with complete disappearance of the left naso-labial fold, and he was unable to close his left eye.



Figure 1B: Two weeks after the onset of the illness, the boy showed improvement in his ability to close the left eye and less deviation of the mouth.



Figure 2: Cornelis Stalpart van der Wiel (1620-1702).

1798, Nicolaus Anton Friedreich (1761-1836) from Germany published a thesis about idiopathic facial paralysis, and he called the condition "Rheumatic Facial Paralysis" [3].

Discussion

Lee et al (2020) studied the medical records of 53 childhood cases of van der Wiel-Friedreich idiopathic facial paralysis. After a mean follow-up of the patients for 30 days, thirty patients (56%) were completely recovered, 21 patients (40%) were partially recovered, and 2 patients (4%) had not recovered. The patients who experienced complete recovery were significantly younger than those who experienced partial or didn't recover. Patients under 8 years had a higher complete recovery rate than patients older than 8 years old. Lee et al also found that sex, affected side, and early or late treatment did not influence the recovery rate [4].

Clinical disorders and syndromes in medicine are generally named after the physician or physicians that initially reported them or provided the earliest satisfactory clinical picture or description. However, a large number of rare syndromes have been described throughout the world before the era of the internet which has been associated with an easier access to medical literature. Unfortunately, several disorders have been attributed unfairly and inappropriately to physicians other that those first described them [5-10]. For centuries, van der Wiel-Friedreich idiopathic facial paralysis, was called Bell's palsy.

Conclusion

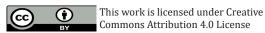
Deep literature review showed that the valuable works of Stalpart van der Wiel and Nicolaus Anton Friedreich who provided the earliest published descriptions have been missed for centuries.

Acknowledgement

The author would like to express his gratitude for the patient for willingly accepting publishing his photos.

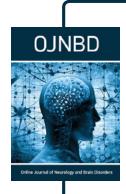
References

- 1. Baugh RF, Basura GJ, Ishii LE, Schwartz SR, Drumheller CM, et al. (2013) Clinical practice guideline: Bell's palsy. Otolaryngol Head Neck Surg 149(3 Suppl): S1-27.
- 2. Stalpart van der Wiel C (1686) First part, of the second hundred-number of the seldsame Remarks, so in the Medicine-as Hell- and Snykonst, most by eygen experience from time to time, gather, and set up. The Hague: Daniel Geselle Pp: 96-100.
- 3. Friedreich NA (1798) About the rheumatic paralysis of the facial muscles. Journal of Inventions, Theories, and Contradictions in Natural and Medicinal Science 7: 83-95.
- 4. Lee Y, Soo Yoon H, Yeo SG, Lee EH (2020) Factors Associated with Fast Recovery of Bell Palsy in Children. J Child Neurol 35(1): 71-76.
- 5. Al-Mosawi AJ (2016) Mostyn Embrey syndrome. 1st ed., Saarbrücken; LAP Lambert Academic Publishing, USA.
- 6. Al-Mosawi AJ (2016) Congenital Chevalier Jackson syndrome. 1st ed., Saarbrücken; LAP Lambert Academic Publishing, USA.
- 7. Al-Mosawi AJ (2017) Unilateral Renal Agenesis and the Awareness of Mostyn Embrey Syndrome. Journal of Renal Medicine 1(1): 1-4.
- 8. Al-Mosawi AJ (2017) Bequez Cesar syndrome. 1st ed., Saarbrücken; LAP Lambert Academic Publishing, USA.
- 9. Al-Mosawi AJ (2019) The Twenty Eighth Case of Congenital Chevalier Jackson. Annals of Clinical Case Reports 4: 1-4.
- 10. Al-Mosawi AJ (2019) The Case Number 104 of Sanjad Sakati Richardson Kirk Syndrome. Journal of Research Notes (ISSN 2641-1393) 2(2): 1-3.



To Submit Your Article Click Here: Submit Article

DOI: 10.32474/OJNBD.2020.04.000196



Online Journal of Neurology and Brain Disorders

Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles