



EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Facial paralysis due to bee stings

Arı sokmasına bağlı fasial paralizi

Erkan Yıldız¹, Şahin Ulu², Tülay Koca³

¹Şuhut State Hospital, Department of Otorhinolaryngology, Afyonkarahisar, Turkey

²Afyonkarahisar Healty Science University School of Medicine, Department of Otorhinolaryngology, ³Department of Physiology, Afyonkarahisar, Turkey

Cukurova Medical Journal 2019;44 (Suppl 1):590-591.

To the Editor,

The most common insect stings are bee stings. Reactions caused by bee stings are divided into two groups as early and late. Early reactions start from 15 minutes to 4 hours. They cause severe anaphylaxis and can cause death. Local reactions and anaphylaxis occur early. Late reactions usually occur after 7-10 days. In the late period, they cause diseases such as Myasthenia Gravis, myocarditis, Gullian Barre like polymyelitis, peripheral neuritis, glomerulonephritis, vasculitis. Reactions occur due to IgE-dependent or independent reactions. IgE-dependent individuals due to increased IgE, depending on the release of mediators such as histamine, proteases, loco-transgenins and thromboxanes. Due to the influence of these mediators, wide range of complaints from local reactions to anaphylaxis occurs. Skin tests can be used in the diagnosis. Steroids, antihistamines, adrenaline and venom immunotherapy are the most commonly used treatment modalities^{1,2}. Peripheral facial paralysis, Bell Palsi, is one of the most common causes of otolaryngology. The nerve that induces a single facial half occurs due to traumas, tumors and disconnection due to ischemic events. Electrophysiological tests and topographic tests are used for diagnosis. Steroids and antivirals are the most commonly used treatment modalities. Steroids increase muscle movement; antivirals Herpes Zoster infections and idiopathic cases are also useful. The prognosis of Bell's paralysis is very good, and 85% have complete recovery in 4 weeks³. In this

presentation, a case of facial paralysis due to bee sting at the age of 18 will be discussed. The patient was informed about the case presentation.

An 18-year-old male patient was admitted to our emergency service with an apical sting in the left mastoid region for two hours before the operation. Ear nose throat examination performed was normal. Right facial paralysis was present. (Figure 1, 2, 3) The patient was discontinued in 12 days with a dose of 3 mg per day starting from 1 mg / kg of Feniramin 1 * 1 and methyl prednisolone. The patient's complaints decreased from day 10 and returned to normal on Day 15 (Figure 4,5,6).



Figure 1,2,3. Eye, mouth and normal posture after bee sting.



Figure 4,5,6. Post-treatment 15th day of the eye, mouth and normal posture image.

Yazışma Adresi/Address for Correspondence: Dr. Erkan Yıldız, Afyonkarahisar Şuhut State Hospital, Department of Otorhinolaryngology, Afyonkarahisar, Turkey E- mail: dr.erkanyildiz@hotmail.com

Geliş tarihi/Received: 18.04.2019 Kabul tarihi/Accepted: 13.05.2019 Çevrimiçi yayın/Published online: 27.09.2019

Peripheral facial paralysis is divided into primary and secondary paralysis. Bell palsy (idiopathic causes) is an important part of these cases. Secondary causes are traumas, tumors, ischemic causes, diabetes, immunological disorders. Physical examination, brain MR, electrophysiological tests, blood tests, cerebrospinal fluid examinations are used in the diagnosis of peripheral facial paralysis⁴. In the treatment of secondary facial paralysis, the underlying cause is eliminated. In primary facial paralysis, steroids, antivirals, pentoxifylline, decompression, Botulinum toxin are used. Intratympanic steroids are useful in cases that prevent systemic steroid administration^{4,5}.

85-95% of the facial paralysis is reversible. 20-30% of those who do not receive treatment will return spontaneously. Full return time is 3 months at the latest. Those with advanced age, patients with complete paralysis, no return in more than 3 weeks, Rumsey-Hunt Syndrome, patients with severe pain, secondary facial paralysis in the prognosis is poor. Facial paralysis complaints can be seen for a long time such as crocodile tears, synkinesis, drowsiness, facial spasm⁶. Bee stings are the most common insect bites. Local and systemic complaints related to the type 1 immune reaction can be seen. In the literature, cases such as Gullian Barre-like polmyelitis, optic neuritis, corneal injury, vasculitis, cerebral infarction, nephrotic syndrome, acute renal failure have been reported due to late reactions⁷⁻¹². Facial paralysis due to bee sting has not been previously reported. Probably it can be considered that the payment on the facial nerve tracing or the pandemic toxin develops due to impaired nerve conduction. Only one case has been reported due to tick bite¹³. As a result, serious reactions due to bee sting and late period disorders can be seen. In this case, facial paralysis due to bee sting was treated with steroid. No additional treatment is required.

Yazar Katkıları: Çalışma konsepti/Tasarımı: EY; Veri toplama: EY, TK; Veri analizi ve yorumlama: EY, ŞU; Yazı taslağı: EY, TK; İçeriğin eleştirel incelenmesi: EY; Son onay ve sorumluluk: EY, ŞU, TK; Teknik ve malzeme desteği: EY, ŞU; Süpervizyon: EY; Fon sağlama (mevcut ise): yok.

Bilgilendirilmiş Onam: Katılımcılardan yazılı onam alınmıştır.

Hakem Değerlendirmesi: Dış bağımsız.

Çıkar Çatışması: Yazarlar çıkar çatışması beyan etmemişlerdir.

Finansal Destek: Yazarlar finansal destek beyan etmemişlerdir.

Author Contributions: Concept/Design : EY; Data acquisition: EY, TK; Data analysis and interpretation: EY, ŞU; Drafting manuscript: EY, TK; Critical revision of manuscript: EY; Final approval and accountability: EY, ŞU, TK; Technical or material support: EY, ŞU; Supervision: EY; Securing funding (if available): n/a.

Informed Consent: Written consent was obtained from the participants.

Peer-review: Externally peer-reviewed.

Conflict of Interest: Authors declared no conflict of interest.

Financial Disclosure: Authors declared no financial support

REFERENCES

- Gezer D, Şenel E, Süslü İ. Arı sokmalarına karşı oluşan reaksiyonlar. Genel Tıp Dergisi. 2012;22:102-8.
- Kır MZ., Ketenci HÇ, Başbulut AZ., Uzkeser M, Emet M. Arı sokmasına bağlı iki ölüm olgusunun değerlendirilmesi. Adli Tıp Dergisi. 2011;25:223-8.
- Cansız H, Pamukçu M, Edizer T. Fasiyal paraliziler. Klinik Gelişim. 2005;18:96-104.
- Kucur C, Baştürk A, Gürsel AO. Bell paralizi: Tanı, tedavi ve klinik takibi. Bakırköy Tıp Dergisi. 2011;7:56-9.
- Finsterer J. Management of peripheral facial nerve palsy. Eur Arch Otorhinolaryngol. 2008;265:743-52.
- Karaman E, Gözen ED. Fasiyal paralizi. Türkiye Klinikleri Journal of Ear Nose and Throat-Special Topics. 2014;7:16-23.
- Bresolin NL, Carvalho FC, Goes JC, Fernandes V, Barotto AM. Acute renal failure following massive attack by Africanized bee stings. Pediatr Nephrol. 2002;17:625-7.
- Boz C, Velioglu S, Ozmenoglu M. Acute disseminated encephalomyelitis after bee sting. Neurol Sci. 2003;23:313-5.
- Choi MY, Cho SH. Optic neuritis after bee sting. Korean J Ophthalmol. 2000;14:49-52.
- Viswanathan S, Muthu V, Singh AP, Rajendran R, George R. Middle cerebral artery infarct following multiple bee stings. J Stroke Cerebrovasc Dis. 2012;21:148-150.
- Sachdev A, Mahapatra M, D'Cruz S, Kumar A, Singh R., Lehl SS. Wasp sting induced neurological manifestations. Neurol India. 2002;50:319.
- Aydın M, Kabakuş N, Akarsu S, Demirel M. Arı sokması sonrası gelişen nefrotik sendrom olgusu. Fırat Tıp Dergisi. 2006;11:71-2.
- Gürbüz MK, Erdoğan M, Doğan N, Birdane L, Cingi C, Cingi E. Olgu sunumu: kene ısırması ile oluşan izole fasiyal paralizi. Türkiye Parazitoloji Dergisi, 2010;34:61-4.