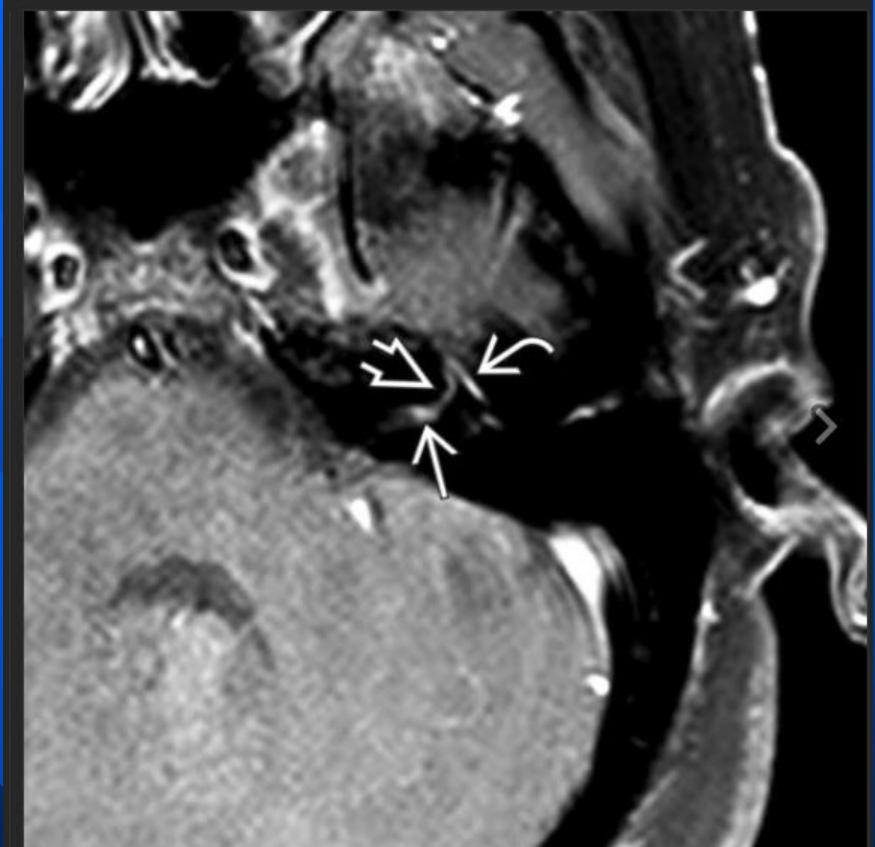


Bells Palsy

- Herpetic peripheral facial nerve paralysis secondary to herpes simplex virus
- Fundal "tuft" and labyrinthine segment CN7 show intense asymmetric enhancement
- Entire intratemporal CN7 may enhance
- Classic rapid-onset BP requires no imaging in initial stages
- If atypical Bell palsy, search with imaging for underlying lesion.



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Axial T1WI C+ FS MR shows classic findings of Bell palsy with the fundal "tuft" sign →, labyrinthine ↗, and tympanic ↘ facial nerve segment enhancement.