Congenital unilateral facial nerve agenesis

Figure 1 Clinical photograph of the patient illustrating right facial palsy

A 7-year-old girl was referred to our department for evaluation of congenital right-sided facial palsy (video on the *Neurology*[®] Web site at Neurology.org) and bilateral sensorineural deafness (figure 1). On axial MRI, right facial nerve is not visualized in the cerebellopontine angle cistern with bilateral hypoplastic cochlea. On axial high-resolution CT (HRCT), labyrinthine and tympanic segments of the right bony facial canal are thin and hypoplastic. The mastoid segment of right facial canal is absent on coronal HRCT (figure 2). Congenital facial palsy due to facial nerve agenesis is very rare.¹ Causes include intrauterine/perinatal trauma and developmental conditions including Möbius syndrome. Unilateral involvement may be secondary to early intrauterine ischemic or traumatic insult.

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1. Jervis PN, Bull PD. Congenital facial nerve agenesis. *J Laryngol Otol* 2001;115:53–54.

Three-dimensional T2-weighted-driven equilibrium radiofrequency reset pulse image (A) reveals nonvisualization of right facial nerve in cerebellopontine angle cistern, suggestive of agenesis (thin arrow). The left facial nerve is normal (thick arrow). Axial DRIVE image (B) at the level of cochlea reveals small second turn and absent third turn of cochlea on both sides, suggestive of cochlear hypoplasia. Tympanic segment of right bony facial canal is hypoplastic on axial high-resolution CT (HRCT) (C) with nonvisualization of mastoid segment on coronal HRCT (D).

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