Bell’s Palsy as a Sign of Burkitt’s Lymphoma in Children

To the Editor:

Bell’s palsy (BP) is a well-recognized phenomenon of uncertain etiology having a “center-based” incidence rate of 20/100,000/y in the United States,1 and a general practice episode rate of 30/100,000/y in the United Kingdom.2 In children the incidence of the phenomenon is even lower.3 In most of the cases, Bell’s palsy in children either precedes or is associated with upper respiratory infection, but is also seen in infectious mononucleosis, otitis media, intracranial tumors, trauma, or histiocytosis. Bell’s palsy can also be present in rare syndromes such as Melkersson-Rosenthal, Ramsay-Hunt, or Heerfordt.2 It has been suggested by some that the Epstein-Barr virus (EBV) is involved in the etiology of the phenomenon of BP.3 EBV has also been implicated in the etiology of infectious mononucleosis,4 some cases of non-Hodgkin’s lymphoma, Hodgkin’s disease,5 and particularly in Burkitt’s lymphoma.4

In view of the epidemiologic data linking EBV with the etiology of BP on the one hand and lymphoproliferative diseases on the other, we hypothesized that there may be an increased prevalence of facial palsy in Burkitt’s lymphoma and attempted to look for this association in our clinical practice.

In retrospect, we assessed the incidence of facial nerve paralysis in patients with Burkitt’s lymphoma (BL). The clinical records of 72 patients with BL (53 children, 10 adolescents, and 9 adults) who were seen at the Hadassah Medical Center during the past 10 years, were reviewed. Special attention was paid to the presence of facial paralysis. Of the 53 children (age 2.5 to 14 years), 10 (19%) presented a history of transient BP appearing as part of the presenting symptoms of the lymphoma, whereas in the older age group (15-60) it was evident in 3 of 19 patients (16%). In 10 cases, the paralysis was unilateral, and in three, bilateral. Central nervous system or peripheral tumor involvement were not diagnosed in any of the cases so that local tumor infiltration could not explain the palsy in these cases.

A high incidence (10.3%) of BP was recently reported in patients with acute lymphoblastic leukemia whereas additional scattered solitary reports of BP associated with lymphoid malignancies have also been published.5,6 We are now adding our findings to the above observations to draw attention to the importance of BP as a possible harbinger of Burkitt’s lymphoma. Moreover, this finding may hint at a true relationship between BP and BL with EBV as a common etiologic factor.

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REFERENCES

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