



Combination Treatment for Bell's Palsy

Combining steroid treatment with an antiviral agent is a more effective treatment for severe-to-complete Bell's palsy than are steroids alone, according to researchers from Kyung Hee University in Seoul, South Korea, who compared the 2 regimens.

Some cases of Bell's palsy are caused by a reactivation of the herpes simplex virus. Adding antivirals is based on the hypothesis that the viral infection causes inflammation of the facial nerve. Prednisolone is effective for many patients, with high recovery rates and less synkinesis. But antivirals have a mixed history with Bell's palsy: Some researchers say there is no proof of additional benefit; oth-

ers have found adding valacyclovir or famciclovir is more effective than steroids alone.

In this study, 107 patients were treated with methylprednisolone for 10 days, tapering from 64 mg/d to 16 mg/d. The remaining 99 patients received combination treatment with oral famciclovir (750 mg/d) for 7 days. In severe-to-complete palsy (\geq grade 5), famciclovir and steroid treatment significantly increased the chance of recovery.

Although other research had suggested that early combination treatment was better, this study found the onset of treatment was a "nonsignificant" factor in the prognosis of Bell's palsy. Early treatment (within 3 days) did not affect recovery significantly. Citing another study that found no

statistically significant difference in recovery with delayed treatment (7 days), the researchers of this study advise that delayed treatment does not always mean poor recovery.

Theoretically, the researchers say, the antivirals eradicate the infection and the corticosteroids reduce the facial nerve swelling. But antiviral drugs cannot destroy a virus that has already replicated, which is why some researchers urge early administration of the combination treatment. These authors suggest combination treatment with an inert steroid and antiviral of choice for patients with high-grade Bell's palsy within 1 week of onset. ●

Source: Lee HY, Byun JY, Park MS, Yeo SG. *Am J Med.* 2013;126(4):336-341.
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