

## Combination Therapy for Bell's Palsy

To the Editor:

Treatment of Bell's palsy with antivirals constitutes an ongoing discussion. Lee et al<sup>1</sup> were the first to perform a study in the relevant population domain (ie, patients with a severe palsy). Their manuscript confirms the results of a previous retrospective study.<sup>2</sup> The authors are to be congratulated with the outcome: they offer clear proof of the effectiveness of combination therapy—corticosteroids and antivirals—enhancing recovery in patients with a severe palsy.

Lee suggests that we performed a study in which we gave patients the choice for treatment. However, we merely stated that based on our review, the prescription of antivirals should be discussed with individual patients.<sup>1,3</sup>

In their fourth Table, Lee referenced studies by Engstrom and Axelsson.<sup>1,4,5</sup> However, these studies are both based on the same patients. Although the articles were published in different journals, it is the same salami sliced differently. Therefore, Engstrom can be deleted, which results in an even higher pooled odds ratio.

Since our review, only one other study has been published with a subgroup analysis based on the severity of palsy.<sup>6</sup> The severe cases fared better when treated with combination therapy. Unfortunately, the authors (including Lee) concluded negatively about antivirals for Bell's palsy.

In a reaction to our "rapid response," the *BMJ* published a correction to the meta-analysis by Quant et al.<sup>7</sup> Their pooled odds ratio became positive as well, even though studies including all grades of severity were analyzed.

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Furthermore, synkinesis, as shown by Axelsson, occurs more often in patients with corticosteroids monotherapy.<sup>5</sup> Recovery not beyond the House-Brackmann grade V occurs only in the monotherapy group.<sup>1</sup>

The conclusion from the above is simple: in case of Bell's palsy, combination therapy of corticosteroids and antivirals is preferable. Trying to optimize treatment (dose, timing, type of antiviral, and for whom) is necessary. Not prescribing in case of severe palsy amounts to malpractice.

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