

Adding antiviral agents to steroids to treat facial paralysis is not linked to improved recovery

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Adding an antiviral agent to corticosteroids for treatment of Bell's palsy (a condition characterized by partial facial paralysis) is not associated with improved recovery of facial movement function, according to a meta-analysis of previously published studies in the June issue of *Archives of Otolaryngology-Head & Neck Surgery*, one of the JAMA/Archives journals.

Bell's palsy is the most common cause of sudden facial paralysis, affecting an estimated 20 to 45 per 100,000 individuals per year, according to background information in the article. "The main clinical symptom of Bell's palsy is facial motor dysfunction, the degree of which varies from minor weakness to complete paralysis depending on the amount of neural injury," the authors write. "Genetic factors, vascular ischemia [blocked blood flow] and inflammation owing to viral infection or autoimmune disorders have been proposed as the possible underlying cause, but the etiology remains unknown."

Current treatment choices for Bell's palsy include corticosteroids, antiviral therapy or a combination of the two. John K. Goudakos, M.D., M.Sc., and Konstantinos D. Markou, M.D., Ph.D., of the University of Thessaloniki, Greece, identified randomized controlled trials comparing corticosteroids to combination therapy in patients with this condition published between 1996 and 2007.

A total of five eligible studies involving 738 patients were identified, four of which (involving 709 patients, including 358 taking corticosteroids and 351 taking combination therapy) were included in the meta-analysis. "The complete recovery rate of facial motor function at three months after the initiation of therapy was not significantly different between the corticosteroids group and the combined therapy group," the authors write. Adverse effects also were not significantly different between the two treatment groups.

"Treatment decisions regarding patients with Bell's palsy are doubtful and remain a common problem in medical practice. Corticosteroids have been established as the therapy of choice, despite the fact that the available evidence from randomized controlled trials does not exhibit a clear benefit. However, the largest available randomized controlled trial published recently suggested a benefit from the use of corticosteroids in patients with idiopathic [of unknown cause] acute facial paralysis," the authors conclude.

"Additional well-designed randomized controlled trials are needed to assess the potential value of antiviral addition to the recovery of facial palsy with more confidence. However, based on the currently available evidence, the addition of an antiviral agent to [corticosteroids](#) for the treatment of patients with Bell's palsy is not justified."

Source: JAMA and Archives Journals ([news](#) : [web](#))

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