



EAR NEWS

A Quarterly Newsletter

www.chicagoear.com

Fall 2006

Facial Paralysis: Medical and Surgical Management Of Bell's Palsy

Patients with Bell's palsy typically present with a unilateral, peripheral facial paralysis that develops over several hours or days. Associated symptoms include postauricular pain, dysgeusia (taste disturbance), reduced lacrimation, and phonophobia.

Bell's palsy or "idiopathic" facial paralysis is believed to be caused by herpes simplex virus (HSV) type 1. The infection is the result of reactivation of the HSV genome in the geniculate ganglion. Paralysis occurs as a result of a viral inflammatory response that produces edema in the facial nerve.



PATIENT WITH LEFT BELL'S PALS

Because of the viral etiology of Bell's palsy, steroids and antiviral medications are appropriate treatment for the acute phase of the disease.

A recent double blind, prospective clinical trial testing prednisone versus acyclovir and prednisone in patients with Bell's palsy demonstrated an improved outcome when patients received both acyclovir and prednisone. Only 7% of the acyclovir and prednisone group had poor facial nerve recovery, while 23% of the prednisone-only treatment group had poor recovery. (These medications were started within 14 days of paralysis onset.)

Poor outcomes continue to occur despite all available medical regimens. A recent, multi-institutional study evaluated the effectiveness of surgical decompression of the facial nerve in those patients who had a complete facial paralysis. When facial nerve decompression was performed within 14 days of paralysis onset, 91% recovered to normal or near normal. On the contrary, only 42-50% of patients who did not undergo surgical decompression recovered to normal or near normal.

Electrical testing in the form of electroneurography (available in the Ear Institute of Chicago, LLC office) and electromyography is used to determine surgical candidacy. Only patients with complete facial paralysis undergo electrical testing, since those



Richard Wiet MD



Robert Battista MD



Arvind Kumar MD

with an incomplete paralysis will have near 100% return of facial function within six months.

The use of new, neuronavigational systems available in our local area hospitals has reduced the surgical time of facial nerve decompression.

### References

1. Adour, KK. Combination treatment with acyclovir and prednisone for Bell palsy. Arch Otolaryngol Head Neck Surg. 1998 Jul;124:824.
2. Gantz BJ, Rubinstein JT, Gidley P, Woodworth GG. Surgical management of Bell's palsy. Laryngoscope. 1999 Aug;109:1177-88.

### OUR PRACTICE

The **Ear Institute of Chicago, LLC** is a medical and surgical practice that devotes itself entirely to the diagnosis and treatment of disorders of the ear, facial nerve and related structures. The group specializes in otology/neurotology and skull base surgery. The **Ear Institute of Chicago, LLC** is actively engaged in teaching through its affiliation with **Northwestern University Medical School**.

## News & Events

- Drs Wiet and Battista are editors of a book entitled, Revision Ear and Skull Base Surgery, in the Otolaryngologic Clinics of North America. This book was published in August 2006 by Elsevier.
- Richard J. Wiet, M.D. was recently featured in an article in The Hinsdale Doings on the subject of MP3 players and hearing loss. For reprints of this article please call (630) 887-0600.
- At the May 2006 Combined Otolaryngological Spring Meetings (COSM) Drs. Ryzenman and Wiet presented on the subject of "Botulinum toxin injection and surgical intervention for treatment of middle ear and palatal myoclonus."
- At the May COSM meeting Dr. Battista was the host and a speaker at the bone-anchored hearing device (BAHA) surgeon's workshop.

### New from Audiology

Introducing the **Oticon "Delta,"** a designer Hearing Device for a new generation in 17 attractive colors. It is tiny, sophisticated and loaded with Hi-Tech Artificial Intelligence that adjusts to virtually any situation.

To find out if you are a candidate for the Delta, call today to schedule a Hearing Evaluation with one of our audiologists. (630) 789-3110

**TO:**