

Delayed Onset Facial Paralysis After Otological Procedure: Special Attention

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Citation

F Salvinelli, M Casale, L D'Ascanio, A Baldi. *Delayed Onset Facial Paralysis After Otological Procedure: Special Attention*. The Internet Journal of Otorhinolaryngology. 2003 Volume 3 Number 1.

Abstract

DEAR EDITOR

Delayed facial palsy (beginning more than 3 days after the procedure) is described after all types of otological procedures; though usually reversible, it is a cause of dissatisfaction and worries for the patient and the surgeon.

^{1,2,3,4} The pathogenesis of DFP is still unknown, the viral origin remains the most proposed one (herpes simplex virus type 1 and varicella zoster virus).^{5,3} Probably, the viral reactivation is induced by facial nerve irritation during surgical procedure.⁶ However, we believe that the best candidates of prophylactic antiviral treatment before surgery should be better indicated.

We retrospectively analyzed a series of 353 stapedectomy procedures in 254 patients over 6 years (not published data). The facial palsy after stapedectomy occurred in 4 patients out of 353 procedures. None showed known predisposing factors such as bony facial canal dehiscence, bulging facial nerve herniation, granulomatous reaction to Gelfoam, fever blisters on the lip, sinusitis.⁴ All patients affected by facial palsy presented an history of frequent herpes labialis reactivation.

Based on these observations, we think that an history of herpes labialis reactivation in the last years or immunodepression status represent alone an indication to the prophylactic antiviral therapy with the same schedule proposed by Vrabec JT et al (oral valacyclovir beginning 1 day before the procedure and continuing for 10 days

postoperatively) in all otological and neurotological procedure.⁷

Further prospective studies are urgently required to understand the DFP predisposing factors and to show eventual viral titres modification for herpes simplex 1 and 2 and varicella zoster virus in DFP patients.

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