

Concerning: Subtotal facial nerve decompression in preventing further recurrence and promoting facial nerve recovery of severe idiopathic recurrent facial palsy (Wu SH et al., Eur Arch Otorhinolaryngol. 2015;272(11):3295–8. doi:10.1007/s00405-014-2991-9. Epub 2014 Mar 12)

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Received: 6 January 2016 / Accepted: 30 March 2016 / Published online: 8 April 2016
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With interest we read the article of Wu et al.: Subtotal facial nerve decompression in preventing further recurrence and promoting facial nerve recovery of severe idiopathic recurrent facial palsy (Wu SH et al., Eur Arch Otorhinolaryngol. 2015;272(11):3295–8. doi:10.1007/s00405-014-2991-9. Epub 2014 Mar 12). The authors report on patients with recurrent Bell's palsy that were selected upon neurography results, however, neurography is known to be unable to predict the outcome of patients with Bell's palsy (Laryngoscope 1998;108(8):1177–80). Surgery has been offered to all patients; however, surgery cannot be regarded as standard treatment, ethical approval is lacking in the methods section of the article. 10 patients refused surgery and had a poor outcome according to Table 2 (further recurrent episodes of facial palsy and worse final facial nerve function). Tables 1 and 2 suggest preoperative facial nerve palsy episodes (FPE) between two and seven times in the respective groups, and post FPE in the surgery group 0/12 vs. 5/10 in the non-surgery group. The abstract gives different results (40 % in the non-surgery group). It must be mentioned that the outcome might be influenced by recurrence and not independently by the surgical intervention. Additionally, the facial nerve

function before the last episode is crucial, but the variable "initial FNF" in Table 1 and 2 probably describes the grade of palsy immediately before surgery? The surgery group underwent subtotal decompression including geniculate ganglion and the tympanic segment. To our experience removing the incus and replacing it leads to conductive hearing loss, not very much depending on surgical skills. Additionally, the paper is missing detailed information on how the incus has been replaced (*replaced as before? fixated with cement? with interposition on stapes?*). The possibility of middle fossa approach for decompression of the geniculate ganglion and the meatal segment of the facial nerve and the geniculate ganglion to prevent hearing deterioration might also be discussed. The discussion implies that facial nerve decompression surgery in general can be recommended for patients with Bell's palsy. Numerous studies are available concluding that transmastoid decompression surgery cannot be recommended for Bell's palsy (Cochrane Database Syst Rev 2011: CD007468). To our opinion, the author's conclusion that facial nerve decompression surgery is effective in recurrent Bell's palsy, therefore, just cannot be drawn from their published data.

This comment refers to the article available at doi:10.1007/s00405-014-2991-9.

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