

## Antiviral treatment for Bell's palsy?

The treatment of Bell's palsy or idiopathic facial paralysis is highly controversial. Much of this contention surrounds the use of specific antiviral medication in this condition. The widely quoted Scottish Bell's Palsy Study<sup>1</sup> confirmed the efficacy of prednisolone in the recovery of facial function, but suggested that the antiviral acyclovir provided no benefit, whether administered alone or in combination with prednisolone. An article in this issue by de Ru and colleagues<sup>2</sup> critically reviews the evidence on this topic by both examining the literature and considering new evidence.<sup>3</sup> They suggest that antiviral medication can be crucial when given in the most severe cases, which include those with severe deficit and the elderly. They also review the evidence for facial nerve surgical decompression; they propose that in cases of complete paralysis with no sign of recovery, where electrophysiological tests show a poor prognosis, decompression might be indicated and should be discussed with the patient. Another article in this issue also examines treatment options for the most severe cases of Bell's palsy. Watson and colleagues,<sup>4</sup> using a retrospective analysis, found that tailored facial physiotherapy improved outcomes in patients with prolonged paralysis. The Editors appreciate that treatment of Bell's palsy remains an issue of debate and welcome comment on the pages of *The Journal of Laryngology & Otology*.

A number of articles in this issue address head and neck cancer. Hughes and colleagues<sup>5</sup> review the potential for viral gene therapy in head and neck cancer. They describe viral gene products currently licensed for use in head and neck cancer, and consider the many challenges that would facilitate the use of gene therapy in combination with conventional therapy. This review adds to the articles already published in *The Journal* on the genetics of head and neck cancer.<sup>6–8</sup> Positive outcomes for head and neck cancer patients are strongly correlated with early diagnosis, and many initiatives have been proposed to achieve this goal.<sup>9,10</sup> Two articles in this issue look at factors in cancer diagnosis. Nash and colleagues<sup>11</sup> found that initial referral to a non-head and neck

cancer centre was significantly associated with a delay in diagnosis. Iqbal and colleagues<sup>12</sup> examined the role of clinical suspicion or 'gut instinct' in head and neck cancer diagnosis. They concluded that although clinical suspicion could not be quantified, it should be regarded as an integral part of patient assessment.

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