

## Clinical Shorts

A brief review of the literature

### Seventy-two hours max

Most people with Bell palsy will recover completely, but up to 30% of sufferers will have some remaining degree of facial disfigurement, pain, or psychological problems. Corticosteroids and antiviral agents are commonly prescribed for treatment within 72 hours of symptom onset. Do they work?

A large double-blind randomized placebo-controlled primary care study in Scotland looked at the efficacy of prednisolone or acyclovir in treating early Bell palsy. Adults 16 years of age or older with unilateral idiopathic facial-nerve weakness who presented to emergency rooms or to primary care physicians were recruited into the study, as long as they could be assessed by a collaborating otorhinolaryngologist within 72 hours of symptom onset. More than 550 patients were randomized into 4 treatment groups (placebo, prednisolone, acyclovir, or prednisolone and acyclovir) for 10 days of treatment. Final outcomes were available for 496 patients.

Baseline assessment was done shortly after randomization. Recovery was assessed at 3 months and again at 9 months if recovery was incomplete. Facial photographs were assessed independently by 3 experts using a standardized measure to determine the primary outcome of facial-nerve function. Secondary outcomes included health-related quality of life, facial appearance, and pain. Adverse events were also recorded. Pill containers (and unused pills) were collected.

Almost 65% of those treated with placebo were fully recovered at 3 months and 85% at 9 months. Treatment with prednisolone within 72 hours of symptom onset increased these rates to 83% at 3 months and almost 95% at 9 months. Acyclovir treatment alone was no better than placebo and there was no additional benefit when added to prednisolone. The number needed to treat to achieve 1 additional complete recovery was 6 at 3 months and 8 at 9 months. There were no clinically significant differences between the treatment groups in secondary outcomes and no serious adverse events in any group.

#### Bottom line

- In Bell palsy, early treatment with prednisolone substantially improves the chances of complete recovery at 3 (NNT=6) and 9 (NNT = 8) months.
- There is no additional benefit to adding acyclovir to prednisolone.

**Source:** Sullivan FM, Swan IRC, Donnan PT, Morrison JM, Smith BH, McKinstry B, et al. Early treatment with prednisolone or acyclovir in Bell's palsy. *N Engl J Med* 2007;357(16):1598-607.

### A nick of time?

One of the most common practices in obstetrics is amniotomy, the artificial rupture of the amniotic membranes during labour. It is thought that this practice speeds up contractions and thus labour. But what is the evidence for this belief? Is this practice safe for both the baby and the mother? Potential risks include umbilical cord prolapse, abnormal fetal heart tracings, and necessity for cesarean section delivery.

The Cochrane Collaboration recently published a systematic review to assess the effectiveness and safety of amniotomy in normally progressing spontaneous labours and in spontaneous labours that had become prolonged.

The Cochrane Pregnancy and Childbirth's Trials Register was searched for randomized controlled trials comparing amniotomy alone versus intention to preserve the membranes; 14 trials were eligible for assessment. Almost 5000 women were involved in these trials. There was no consistency among the trials as to the timing of amniotomy (eg, cervical dilatation).

The researchers found no statistical difference in the length of the first stage of labour between the amniotomy and the intention-to-preserve-the-membrane groups. Maternal satisfaction with the childbirth experience was similar in both groups. There was no difference in low Apgar scores (<7 at 5 min) between the 2 groups. Amniotomy was associated with increased risk of delivery by cesarean section, but this difference was not statistically significant. None of the studies assessed the effect of amniotomy on women's pain in labour.

The authors conclude that routine amniotomy is not recommended for normally progressing labours or in labours that have become prolonged.

#### Bottom line

- Routine amniotomy does not appear to shorten the first stage of spontaneous labour.
- Evidence does not support using amniotomy in normally progressing labours or in those that have become prolonged.

**Source:** Smyth RM, Alldred SK, Markham C. Amniotomy for shortening spontaneous labour. *Cochrane Database Syst Rev* 2007;(4):CD006167.