

CORTICOSTEROID THERAPY IN FACIAL Palsy, SUDDEN DEAFNESS AND MENIERE'S DISEASE IN THE CONTEXT OF THE COVID-19 PANDEMIC (ADULTES / ENFANTS?)

Guidelines of clinical practice of the French Association of Otolology and Otoneutology (AFON) and of the French Society of Otorhinolaryngology, Head and Neck Surgery (SFORL)

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- According to the French Society of Infectious Diseases (SPILF) (<https://www.infectiologie.com/>), there is no need to perform a COVID-19 testing before prescribing corticosteroids, chemotherapy, biotherapy or immunotherapy.

- Corticosteroids and peripheral facial palsy
 - Remote consultations should be preferred to face-to-face ones. These consultations should ideally rely on video-analysis and on self-examination of the patient. It should particularly focus on the patient's facial mobility, ocular condition, auricle, parotid and cervical regions.
 - In cases of moderate peripheral facial paralysis (Grade II to IV in the House-Brackmann grading system), the following treatment is advised: rest, eye care, no corticosteroids.
 - In cases of severe peripheral facial paralysis (Grade V to VI in the House-Brackmann grading system): rest, eye care and a one-week course of oral corticosteroid therapy [1]. In the presence of some associated diseases (insulin-dependent diabetes, poorly controlled high blood pressure, chronic eye disease,...), the corticosteroid therapy might be avoided or this treatment might be maintained provided that the patient is hospitalized for close follow-up. In other cases, the patient should stay at home and be followed by his general practitioner. In case of herpes zoster oticus, an antiviral treatment with valaciclovir (3 g / day) is recommended in association with corticosteroids [2].
 - In the absence of complete regression of the facial palsy one month after its beginning. or if a complication is suspected, ophthalmology and ENT consultations (preferably remote) should be scheduled

- **Corticosteroids and sudden hearing loss**
 - During the initial remote consultation, the hearing level should ideally be tested online or over the phone, with the contro-lateral ear obstructed by the patient
 - The following strategy is proposed:
 - “Moderate”, isolated unilateral hearing loss: rest at home and follow-up by remote consultations every 48 hours
 - “Significant” unilateral hearing loss: indication for a face-to-face ENT consultation with audiometry (taking the usual precautions against Covid-19 contamination). After the hearing test:
 - threshold < 60 dB: rest at home, balancing risk factors
 - threshold > 60 dB: discuss intratympanic (preferred option) or systemic corticosteroid therapy [3]. The latter should consist of a short (one week) short course of oral corticosteroid therapy

- **Flare-ups of Menière's disease**
 - Symptomatic or etiopathogenic treatment (betahistine, acetazolamide, acetyl-leucine) should be prescribed at the end of a remote consultation.
 - Intratympanic corticosteroids might be beneficial but should be avoided in the current context of COVID-19 pandemic in order to prevent the patient from leaving his home [4,5].

NB: Best practice advices are naturally likely to be modified on a day to day basis, following the evolution of the epidemic, the technical means available and scientific evidence concerning SARS-Cov-2.

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