

Therefore, the association between pharmacological and physical rehabilitation could enhance the chikungunya management efficiency, decreasing chronic pain symptoms and treatment abandonment. Scientific evidence of several healthcare fields should support the development of a more complete chikungunya guideline to properly adjust to the individual patient needs, causing significant changes to their quality of life and general functionality. ■

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## Misdiagnosing Bell's palsy as acute stroke

Editor – Induruwa *et al* describe the difficulties in diagnosing Bell's palsy in their secondary care setting.<sup>1</sup> Only 40% of doctors documented other important non-stroke like symptoms; none documented changes in taste or lacrimation, key attributes of facial nerve lesion; from initial clerking, only nine patients received steroids before further investigation or specialist review; 31/46

received no treatment after initial clerking. They point out that Bell's palsy can be difficult to diagnose and differentiate from acute stroke and they describe the adverse consequences of delays in diagnosis and in initiating treatment. They suggest that there is a lack of confidence in diagnosing Bell's palsy both in primary and secondary care, and feel that resources could be saved if it could be diagnosed and managed in primary care. From their findings I would conclude the opposite. Such cases should be assessed in secondary care with access to a specialist so that timely correct treatment and follow-up can be instituted. The idea that all this can be undertaken by overworked and undertrained general practitioners is both unrealistic and bad for patient care. ■

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## Response

The basis of our paper is to increase awareness of atypical features which should prompt a referral to secondary care, and typical features of Bell's palsy which should reassure the attending physician – whether in primary or secondary care. The paper does not target a particular cohort of doctors, rather it aims to empower physicians with the knowledge to make an accurate and confident diagnosis, highlights the importance of early treatment, and the need to utilise further resources for patients with red flag signs suggestive of other diagnoses such as acute stroke. ■

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