

A RARE CASE OF DELAYED FACIAL NERVE PALSY**Dr. D. Sridhara Narayanan^{1*}, Dr. Anusha Nithyasundar² and Dr. G. C. Vijaya Sai³**

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ABSTRACT

Facial nerve palsies after trauma are common in the intratemporal part. Facial nerve palsy after surgery is common after mastoidectomy and parotidectomy surgery. This case had a facial nerve palsy after surgery and trauma after 12 days post-operatively.

KEYWORDS: facial nerve palsy, delayed palsy.

Case History

A 19 year old male had visited dept of Oral & Maxillofacial surgery (OMS) with history of facial trauma and was diagnosed to have left Mandibular condylar fracture on 11th November 2015. He was operated one week later by open reduction and internal fixation. After trauma and surgery there was no facial nerve palsy. The patient was referred to ENT Department, Sree Balaji Medical College with post op ear bleeding. There was no facial nerve palsy. During ENT examination there was a laceration in the external auditory canal. On oto-endoscopy examination of left ear the tympanic membrane was normal and intact and a laceration in the anterior wall of external ear canal was seen. The patient was managed conservatively as outpatient. The patient again presented to ENT department one week later with purulent ear discharge from left ear. Two days later the patient developed loculated pus in left pre-auricular region and the patient was admitted. Following this he had gradually developed left Facial nerve palsy of lower motor neuron lesion (FIGURE-1).

Patient was taken to and an incision and drainage of the pre-auricular abscess was done local anaesthesia. There was thick pus that was drained. Patient was followed up with antibiotic cefotaxime intravenously for five days. The facial nerve paralysis gradually improved and resolved completely after 48 hours (FIGURE-2).

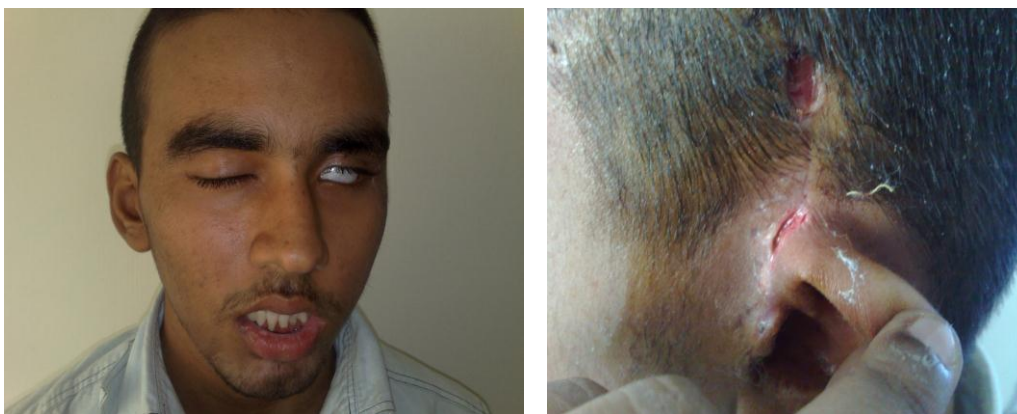


Figure-1: Facial nerve palsy before treatment.

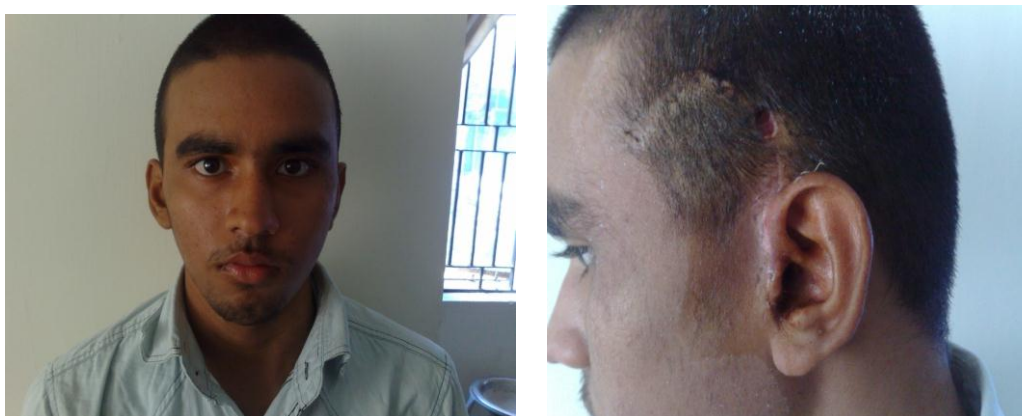


Figure-2: Facial nerve palsy before treatment.

DISCUSSION

Delayed facial nerve palsy is usually common after mastoid surgery usually due to edema of the nerve. Facial nerve palsy also is common after trauma due to laceration of the nerve particularly of the intra temporal part by bone chips. But delayed facial nerve palsy after trauma and condylar fracture reduction surgery is rare. In this case the cause for facial nerve palsy is the pus collection around the facial nerve main trunk as it just emerges from the stylo mastoid canal. Once the pus was drained by letting out the pus through the operated wound the paralysis gradually recovered.

CONCLUSION

This case is being reported because of the rare cause of delayed facial nerve palsy that is due to the pus that had developed as a result of post operative infection.

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