

FACIAL PARALYSIS, GLOSSOPLEGIA AND INJURED SOFT PALATE IN A CAMEL

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Temporary paralysis of tongue has been reported in camels (Gahlot *et al*, 1989). Injuries to soft palate are common in male camels during breeding season (Gahlot, 2000). It may be injured either with its own teeth or by biting of offender camel or external trauma (Gahlot and Chouhan, 1992). Facial paralysis is occasionally seen in camel but their etiology remains unknown. However, facial paralysis, glossoplegia and injured soft palate together, has not been reported previously.

Case history, clinical examination and treatment

A male camel aged 5 years was brought to the clinic with a history of facial paralysis, glossoplegia and dangling out of injured soft palate following a firing at the neck on the previous day (Fig 1). Animal was off feed and exhibited sign of dysphagia since last one week. Owner preferred firing as an ethno-veterinary treatment. Consequent to firing animal developed facial paralysis, glossoplegia and protrusion of injured soft palate.

A clinical examination revealed bilateral flaccidity of both the cheeks at facial region with absence of wrinkles on skin. The skin of facial region was insensitive to a needle prick. The tongue was dry, flaccid and insensitive and was dangling out from left side's commissure. The soft palate was oedematous and gangrenous at its terminal end and was dangling out on left side. Terminal end of the soft palate had haematoma, which was suggestive of previous injury.

Camel was secured in sitting position with ropes and sedated with Xylazine 140 mg intravenously. Oral cavity was irrigated with a light potassium permanganate solution and protruded soft palate was resected surgically using a long straight Mayo's scissors close to its attachment in oral cavity as per the method of Gahlot *et al* (1988). Oral cavity was irrigated with a light potassium permanganate solution, postoperatively.

Camel was given streptopenicillin 5 gm (Dicrysticin, Sarabhai Zydus) intramuscularly for 5 days, dexamethasone 80 mg (Zydexa, Cadila Health Care) intravenously for three days and injection vit. B₁, B₆, B₁₂ (Tribivet, Intas Pharmaceutical Ltd.) 20 ml intramuscularly for 6 days. The reversal of glossoplegia occurred 6 hours after postoperative therapy, whereas facial paralysis was cured 48 hours, postoperatively. Animal started an intake of 2 kg (Approx.) roughage for 2 days, followed by a gradual increase of half kg every day. Animal was discharged on 6th postoperative day with an advice to supplement mineral mixture (Chelated Agrimin, Glaxo Smith Kline Ltd.), 50 gm daily for 4 weeks.

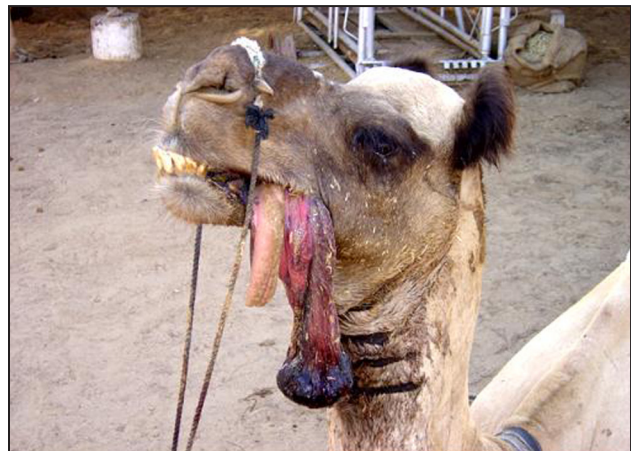


Fig 1. Facial paralysis, glossoplegia and dangling out injured soft palate in a male camel. Note the firing marks on the proximal neck region.

Discussion

Resected soft palate had a haematoma and gangrene at its terminal end, which is suggestive of a previous injury to this organ, which resulted in suspension of feed and water. History of present case suggests that animal was off feed initially. Camel owners still prefer ethnoveterinary treatment for common surgical affections of camels, out of which firing is commonest (Dudi, 2004). In present case

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also firing was done at proximal neck region. Firing increases the degree of inflammation leading to temporary paralysis of tongue (Gahlot *et al*, 1989). Since the firing marks were deep and extensive, it has led to a bilateral facial paralysis due to heat-induced inflammation. Following a firing animal had a regurgitation reflex which led to a protrusion of injured soft palate. Postoperative administration of a potent anti-inflammatory agent, i.e. dexamethasone, together with vit. B₁, B₆, B₁₂ and antibiotics led to a reversal of paralysis of face and tongue in present case.

In conclusion, the present case had a firing induced pathology of head and neck region, which was treated symptomatically by an appropriate surgico-therapeutic treatment.

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