

UNILATERAL FACIAL PARALYSIS IN A DROMEDARY CAMEL

Anita Meena, Aditya Midha, Kapil Kachwaha, Mahendra Tanwar Mukesh Gahlot,
M.C. Parashar and T.K. Gahlot

Department of Veterinary Surgery and Radiology, College of Veterinary and Animal Science,
Rajasthan University of Veterinary and Animal Sciences, Bikaner, India

The facial nerve paralysis has been reported in horses (Yadernuk, 2003; Rand *et al*, 2012), cattle (Odriozola *et al*, 2009), llama (Jonsson and Rozmanec, 1977) and camels (Singh *et al*, 1995; Purohit *et al*, 1988; Schwartz *et al*, 1992). The present report deals with a case of facial nerve paralysis in a 7 years old male camel. The etiology of paralysis could not be ascertained. Clinical examination revealed left sided flaccidity of lips with escape of saliva and protrusion of tongue (Fig 1). Animal was unable to prehense, albeit could take water. Animal had normal rectal temperature. Animal was treated with intramuscular injections of vitamin B1, B6, B12 combination 20 ml, dexamethasone 100 mg and ceftriaxone 8 g bid for seven days. There occurred a gradual improvement from third day but complete recovery took place in seven days. Animal was administered ceftriaxone for another five days intramuscularly in same doses and mineral mixture was given orally for one month. Animal was discharged after one week and follow up of the case was done till one month, which revealed that animal had no recurrence of facial paralysis.

The facial nerve supplies motor function of all of the muscles of facial expression. Loss of

function results in unilateral or bilateral ear drooping and inability to position the ear. In case of chronic paralysis the paralysed muscles atrophy (Jonsson and Rozmanec, 1997). A retrospective survey of 34 patients who sustained facial injuries involved nine camels. Few cases showed scar formation, facial nerve palsy, and partial laryngeal stenosis (Ugboko *et al*, 2002). The unilateral facial paralysis caused by *Ixodes holocyclus* has also been reported in llama (Jonsson and Rozmanec, 1977). Left facial nerve paralysis in a 13-year-old broodmare occurred due to bilateral temporohyoid osteoarthropathy. Treatment resulted in little or no improvement (Yadernuk, 2003). Odriozola *et al* (2009) reported 6 outbreaks of neurological disease associated with paralysis of the facial and vestibulocochlear nerves caused by intracranial space occupying lesions in feedlot cattle. In animal of present study eventhough the exact causative agent could not be established but it is presumed that it could have been infectious and inflammatory in nature as it has responded to the symptomatic treatment. However, Singh *et al* (1995) also used similar treatment but they used trimethoprim and sulphadiazine as antibacterial agent.

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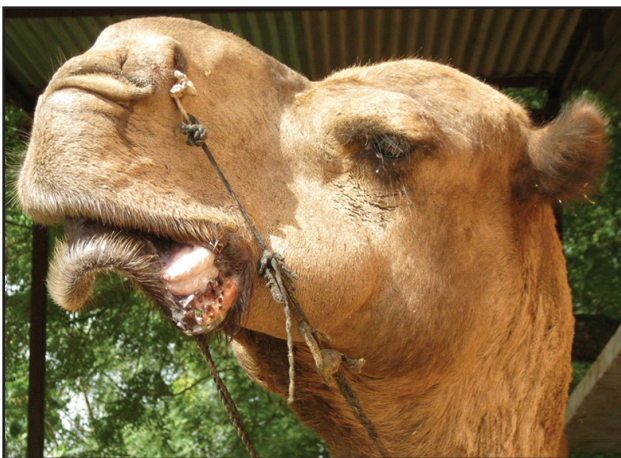


Fig 1. Unilateral facial paralysis showing paralysed upper and lower lips on left side with protrusion of tongue.

SEND REPRINT REQUEST TO ANITA MEENA [email: anitameena1985@gmail.com](mailto:anitameena1985@gmail.com)

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