UNILATERAL FACIAL NERVE PARALYSIS IN A MEHSAI
BUFFALO - A CASE REPORT

Sunil Chaudhary, V.S. Dabas, J.N. Mistry and K.P. Singh
College of Veterinary Science and Animal Husbandry,
Gujarat Agricultural University, Sardarkrushinagar-385 506, India

ABSTRACT
Facial nerve paralysis is a rare condition in livestock practice, hence a clinical case of unilateral facial paralysis in a Mehsani buffalo is placed on record.

The facial nerve is a mixed nerve, which supplies motor fibres to muscles of face and ear. Fracture of the petrous temporal bone, localization of Listeria monocytogenes infection, prolonged recumbency and compression of the nerve over the mandible are the main causes of the facial nerve paralysis (Tyagi and Singh, 1993).

A Mehsani buffalo aging approximately eight years was presented to College of Veterinary and Animal Husbandry, Sardarkrushinagar, clinics with the history of anorexia and improper drinking of water since long. On clinical examination the rectal temperature, respiration and heart rate were recorded normal. Further the left ear and the left upper lip were dropped, the left eye was partially closed due to the dropped upper eyelid and an abnormal swelling was noticed on the left cheek. (Fig. 1), along with the drooling of saliva from the left oral commissar. Examination of the buccal cavity revealed halitosis and accumulation of feed material between the left cheek and cheek teeth, manual removal of which subsided the swelling. When the animal was allowed to drink water, noticeable amount of water was flowing out particularly from left oral commissar and over all drinking time was greatly increased.

![Fig. 1. Note the dropped ear, upper lip and upper eyelid along with accumulated feed material on left side](image-url)
On special examination following tests were performed:

i) Menace test
- No movement of the left eyelid.

ii) Palpabral and corneal reflexes
- Sluggish response on the left side.

iii) Tickle ear
- No response on the left side.

Depending upon the history, clinical signs like dropped left ear, upper lip and eyelid (Braund, 1986) and results of specific tests the case was diagnosed as unilateral facial nerve paralysis of the left side, which might have developed due to the damage of facial nerve at left side of mandible, though there were no lesions and history of injury. The animal was given injection Prednesolone 10ml and injection Tribivet* 5 ml, intramuscular, daily for ten days. There was no improvement in the condition, hence, the treatment was discontinued. Subramaninan et al. (1999) also tried almost similar line of treatment in a bullock without favourable response. It was thought that the present case was of longer duration so the treatment might have not shown its effect.

REFERENCES

*Intas Pharmaceuticals Ltd., Ahmedabad.