INTERRM STED LOWER CRANIAL NERVE PALSY FOLLOWING HEAD TRAUMA: A CASE REPORT

Case Report

**CASE:** Female, 24 years old, presented 3 days after a facial fracture and neck injury. She was involved in a motor vehicle accident (MVA) and sustained a C6 contusion and a left C6-7 facet dislocation. She also had a right frontal and left parietal lobe contusion. There was no fracture of the skull base or brain mass effect. She had a normal swallowing test, but her neckalignment was abnormal. She was admitted to the ICU for monitoring.

**Presentation:** She had a history of cervical spondylosis, but no history of neck trauma. She had never undergone cervical spine surgery. She was a non-smoker and non-alcoholic. She had no history of glaucoma, hypertension, diabetes mellitus, or any other chronic medical condition. She had no history of trauma or surgery involving the neck.

**Clinical Examination:** She was alert and oriented, with no neurological deficits except for a right facial weakness. Her neck alignment was abnormal, with a left deviation. She had difficulty swallowing and a deviation of the tongue to the right. She had a positive gag reflex and a normal swallow. Her cranial nerves were intact, except for a right facial weakness. She had no neck pain or tenderness.

**Imaging:** CT scan of the neck showed a left C6-7 facet dislocation and a C6 contusion. MRI showed a right parietal lobe contusion and a left frontal lobe contusion. There was no fracture of the skull base.

**Diagnosis:** She was diagnosed with a right facial weakness due to a C6-7 facet dislocation and a C6 contusion. She was treated with resting and bedrest until she was discharged.

**Outcome:** She was discharged with a right facial weakness and a left deviation of the tongue. She was advised to avoid any activity that might cause a neck flexion or extension. She was referred to a physical therapist for neck rehabilitation.

**Discussion:** The case illustrates the importance of early diagnosis and treatment of neck injuries. Early diagnosis and treatment can prevent complications and improve outcomes. In conclusion, a multidisciplinary approach is necessary for the management of these patients.

**Acknowledgments:** We would like to thank the patient for her cooperation and her family for their support. We would also like to thank the referring physician for referring the patient to our hospital.

**References:**