

Facial Paralysis

FACIAL PARALYSIS ASSOCIATED WITH ACUTE MIDDLE-EAR SUPPURATION

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IN the issue of the Journal, July 1921, an abstract is published entitled, "Facial Paralysis as an Indication for the Mastoid Operation in Acute Middle-Ear Suppuration." In this connection the following case, recently under my care, is of interest.

In April 1921, I was asked to see, at the Brisbane General Hospital, a male, aged 32, suffering from chronic nasal obstruction and an acute tonsillitis. When the acute symptoms had subsided, I removed the two septic tonsils, finding, at the same time, a pocket of pus external to the right tonsil. One month later I performed a submucous resection of the septum, and four days later I discharged him from hospital.

After an interval of one week he attended the Out-patient Department with an acute otitis media on the right side; there was a moderate amount of discharge and a fairly large posterior central perforation. There was almost complete right facial paralysis.

The patient gave the following history :—Three days after returning home he noticed an alteration in the right side of the face and had pain at the root of the nose. Shortly afterwards pain was felt in the right ear and in twenty-four hours it discharged. When admitted to hospital he stated that the paralysis was less marked.

He was prepared for operation on the following morning, but as the ear was drier and the paralysis less evident, operation was postponed. Steady improvement continued; the perforation healed, the paralysis disappeared, and the hearing was restored.