**HYPOGLOSSAL NERVE PALSY POST SURGERY**

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**Introduction**

We present a case of hypoglossal nerve palsy after general anaesthesia.

**Case Report**

A 70-year-old gentleman complained of slurring of speech, difficulty in swallowing and numbness on one side of his tongue, since his coronary artery bypass surgery which was done a month ago. On examination, his tongue deviated to the left and his gag reflex was present. Other neurological examination was unremarkable. CT Brain showed no evidence of acute intracranial infarct or bleeding. He was referred to the otorhinolaryngology team for further follow-up.

**Discussion**

Hypoglossal nerve, the twelfth cranial nerve (CNXII) arises from hypoglossal nucleus, exits the medulla, passes between the major vessels in the neck through the hypoglossal canal, enters the mouth along the posterior margin of mylohyoid muscle. This long course makes the hypoglossal nerve vulnerable to injury from traumatic forceful laryngeal manipulation, prolonged intubation, or extreme flexion and extension positioning of the neck.Male patients are more vulnerable given their larger hyoid bone dimensions. This rare complication can be prevented by minimizing airway instrumentation during endotracheal intubation, and periodically monitoring the endotracheal cuff. Signs and symptoms are self-limiting, with resolution occurring in majority of cases within 2 - 4 months.

**Conclusion**

Isolated hypoglossal nerve palsy or neurapraxia is a rare post-operative complication after airway management. The diagnosis is frequently missed due to the delayed onset of symptoms, and often requires further evaluations to exclude stroke and other serious etiologies.

Keyword: Hypoglossal Nerve Palsy