

## INTRODUCTION

Tick's which are most common found on domestic animal's , may present as a foreign body in the external auditory canal of the human ear. Patient with this condition usually present with otalgia.

## DISCUSSION

Domestic Animal and pets are the natural environment for ticks and mites. These parasites may reside in humans when there is direct contact with such animals. The most common complication of tick infestation is otalgia , which accounts for almost 90% of cases , following by bleeding(10%),giddiness(5%),tinnitus(5%) and facial paresis(5%). This condition can occur in all age groups. Facial nerve paresis may be caused by the release of neurotoxin present in the tick's saliva. Unusually female ticks are the main culprit in secreting there neurotoxins

## Conclusion

The presence of an intra aural tick can be extremely painful and may result in facial paralysis due to irritation of the nerve with tick toxin. Therefore , an urgent referral to the otolaryngologist is required. Careful visualisation and instrumentation by experienced health personnel are necessary to safely remove the tick

### Reference

- 1)Dantas-Torres F., Chomel B.B., Otranto D. Ticks and tick-borne diseases: A one health perspective. Trends Parasitol
- 2) Pek CH, Cheong CS, Yap YL, Doggett S, Lim TC, Ong WC, et al Rare cause of facial palsy: Case report of tick paralysis by *Ixodes holocyclus* Emerg Med
- 3) Lazim NA, Mohammad I, Daud MKM. et al. The many faces of intra-aural tick clinical presentation. J Pak Med Stud

## CASE DESCRIPTION

A 3 year old male patient , without known comorbidities , sought consultation at the ETD with a 1 day history of sudden onset of right facial asymmetry. Symptoms worsened with unstable gait and vomiting.

The patient had visited the ETD 2 days earlier and was treated for tick infestation in the right ear. The tick was removed by Otolaryngology Department and the patient was discharged well with analgesics.

The patient was alert and had stable vital signs .On examination , he had loss of nasolabial fold on the right side during smiling and drooled water when drinking.

The facial nerve palsy was graded as House-Brackmann Grade IV. Otoscopy of the right ear revealed minimal blood clots over the external auditory canal and an inflamed tympanic membrane..

Auditory Brainstem Response showed severe hearing loss at high frequency in the right ear, with presence of cochlear microphonics suggesting normal cochlear function . Auditory Steady State Response revealed moderate to profound hearing loss in right ear. The patient was initiated on high dose IV Ceftriaxone .He completed IV Dexamethasone for 3 Days and was treated on Syrup Prednisolone . He was subsequently discharged well after 2 week



Figure 1

### Right Otoscopic Image

- Ear Canal Appears red and inflamed
- Thickened Tympanic Membrane
- Exudate in the canal

