

## A Case of Facial Nerve Paresis of Central Origin in a Maltese Dog

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**Signalment:** A 8-year-old, female Maltese dog was presented to the Veterinary Medical Teaching Hospital of Konkuk University with a history of chronic bilateral conjunctival hyperemia, mucoid ocular discharge, squinting of 3 months duration and sudden onset of eyelidplegia, blepharodema, third eyelid protrusion and lower eyelid drooping of left eye.

**Results:** Schirmer tear test reveals marked decrease of tear production and absence of palpebral, corneal and menace reflexes in left eye were detected. Physical examination of other system and blood work, radiography had no remarkable finding. Middle ear disease and hypothyroidism were ruled out. Facial paresis concurrent with keratoconjunctivitis sicca suggested central origin so brain MRI scan was performed to identify intracranial lesion. An intracranial cyst was identified within rostral medullary region and secondary compression of the cerebellum was seen. An intracranial-intrarachnoid cyst, hydrocephalus, and syringomyelia were also demonstrated. Cerebrospinal fluid analysis revealed mild infiltration of inflammatory cells. No other neurologic sign had not been presented. Steroid and diuretics therapy was tried but remarkable response had not been shown except moderate increase of tear production.

**Clinical relevance:** The most common causes of facial nerve paresis/paralysis in animal are idiopathic facial nerve paralysis and paralysis secondary to otitis media/interna. In this case report, the cause of unilateral facial palsy was central origin. Brain MRI revealed a suspected arachnoid cyst of uncommon location.

**Key words:** dog, facial nerve paresis, intracranial cyst, KCS

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