Case study

UNUSUAL PRESENTATION OF TICK IN THE EAR CAUSING VESTIBULOCOCHLEAR NERVE INVOLVEMENT: A CASE REPORT

ABSTRACT

Foreign body tick in the ear can cause facial nerve palsy due to toxins released by ticks affecting the facial nerve. Patients can come with symptoms of acute otalgia and the removal is difficult because it grips tightly to the ear canal or tympanic membrane. Other associated symptoms include symptoms of facial asymmetry, vertigo and sudden onset hearing loss if adherent to the tympanic membrane. This occurs likely due to involvement of facial nerve and vestibulocochlear nerve in view of toxins released by ticks. The involvement of vestibulocochlear nerve with foreign body ticks is rare. Herein, we report and discuss the management of a case of intra-aural tick resulting in facial nerve palsy and vertigo and sensorineural hearing loss.

Comment [r1]: Why would it be a vestibular nerve?
Is there any reference for vestibular nerve involvement if ticks being adhered to the tympanic membrane.

Keywords: Tick, otalgia, facial palsy, vestibulocochlear nerve palsy

1. INTRODUCTION

Foreign body Ticks are ectoparasites that survive by dwelling in their host blood and are known to affect most mammals, including human beings.[1] Tick can lead to neurotoxicosis known as tick paralysis: a generalized ascending flaccid motor paralysis.[2] Ear tick infestation or otocariasis is the most common cause of foreign body ear in some regions.[3,4] It can present as severe otalgia, and its removal is difficult because it grips tightly to the ear canal or tympanic membrane. Intra-aural tick also can manifest as facial nerve palsy. [2,4,5] Other presentation of otoacariasis includes isolated facial palsy with sensorineural hearing loss.[6] Here, we present an unusual presentation of ear tick with facial nerve involvement and vestibulocochlear nerve. In the ear can cause facial nerve palsy due to toxins released by ticks affecting the facial nerve. However, symptoms of vertigo and sudden-onset hearing loss where involvement of vestibulocochlear nerve in body tick in the ear is rare.

Comment [r2]: What investigation led the authors conclude involvement of vestibular nerve

Herein, we report and discuss the management of a case of intra-aural tick resulting in facial nerve palsy and vertigo and sensorineural hearing loss.

2. CASE REPORT

A 39-years- old Chinese lady presented to our clinic with sudden onset facial asymmetry and reduced hearing for 3 days associated with left ear discharge and otalgia. Before the event, she had visited her mother's farm and developed a sudden spinning sensation associated with vomiting. She had sought treatment from a general practitioner and was treated with ear drops and anti-emetic and her symptoms resolved after 2 days.

Clinical examination revealed left facial nerve asymmetry with lower motor neuron lesion with housing Brackman grade V (Figure 1). There was inflamed posterior wall ear canal on otoscopy examination with a tick adhered to the posterior superior part of the tympanic membrane (Figure 2). The contralateral ear, nasal and throat examination was

unremarkable. Pure tone audiometry showed Left mild sensorineural hearing loss and normal right ear hearing. Blood parameters and infective markers were unremarkable. She was then admitted for symptomatic treatment and facial physiotherapy. A course of tapering dose of oral prednisolone was given for 2 weeks. No antibiotics were prescribed.

Upon review in the clinic 1 month after discharge, her symptoms astoundingly resolved. No residual facial nerve palsy and repeated hearing assessment were normal.

Figure 1: Left facial asymmetry, lower motor neuron lesion, House Brackman V

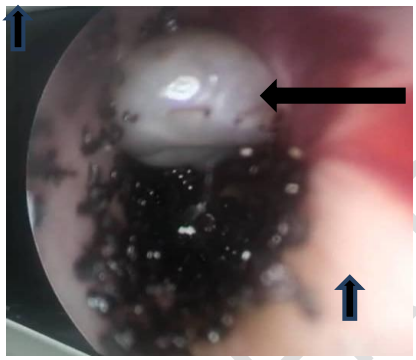

Figure 2: Otoendoscopic view of left ear showed inflamed posterior wall ear canal (short arrow), tick adhered to tympanic membrane (long arrow) with tick droppings

3. DISCUSSION

Ticks saliva contains different microorganisms such as viral agents, rickettsias, spirochetes and bacteria. They may release their saliva when threatened. The secretes neurotrophic and dermatotrophic toxins leading to local reactions on the patient.[7]

An intra-aural tick has been reported to cause facial nerve paralysis. [2,4,5] The theory believed behind facial paralysis's mechanism are the toxins released by a tick that may affect the facial canal if its dehiscence and in the perforated tympanic membrane. [8] Other theories mentioned regarding axonal degeneration of facial nerve may occur following tick toxins.[4,8] Furthermore, neurotrophic toxins may inhibit motor action potentials and acetylcholine release, leading to facial nerve palsy.[5]

Sudden sensorineural hearing loss (SSHL) is an otolaryngology emergency, and its aetiology remains unclear and can be due to idiopathic in origin. However, it is essential to rule out other aetiologies of sudden-onset sensorineural hearing loss,

Comment [r3]: I think it's the motor part of the facial nerve and not the sensory part

Comment [r4]: The dehiscence occurs in the middle ear

Comment [r5]: How would ticks casue sensorineural hearing loss if the ticks have not gone in the middle ear??

Could the authors explain possible pathophysiology

including viral infections, cerebellopontine angle tumours, autoimmune diseases, and Meniere disease. In intra-aural tick resulting in sensorineural hearing loss may be related to neurotoxins release into the middle ear cavity to the inner ear via the round window, leading to an obstruction in the cochlea.[6]

Managing intra aural tick-related facial nerve palsy includes short course steroids to reduce inflammation, co-amoxiclav to cover secondary infections, a short course of acyclovir and anti-rickettsial antibiotics. [4] The recommended treatment for facial nerve palsy due to intra-aural tick was the use of appropriate anti-rickettsial antibiotics together with other supportive care.[4]

Comment [r6]: 2 weeks of treatment reversing the SNHL? If the authors could explain pathophysiology here

In the present case, intra-aural tick with involvement of facial nerve and vestibulocochlear nerve, symptoms of vertigo had resolved at presentation. However, the patient presented with facial nerve palsy and hearing loss. We manage this case with oral steroids and facial physiotherapy. The outcome was good after a month with no residual facial palsy and repeated hearing assessment was normal. The usage of oral steroids was also mentioned in a case of intra-aural tick induced facial palsy and sensorineural hearing loss with no residual palsy after 1 month.[6]

4. CONCLUSION

It is necessary to be aware of such unusual presentation of tick infestation especially those with exposure to domestic animals and livestock, hiking and gardening. Intra aural tick leading to facial nerve palsy, vertigo and sudden sensorineural hearing loss is one of the differentials to be kept in mind for physicians especially in those individuals with obvious predisposition.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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