CONGENITAL FACIAL NERVE APLASIA: A CASE REPORT

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Figures (1-3): 3D-FIESTA* axial sequence (1) with reconstructions perpendicular to the bilateral internal auditory channel (2, 3)  
Left side: Complete absence of the left facial nerve. Vestibule-cochlear nerve (b) is normal; 
Right side: No abnormality seen; facial nerve (a) and vestibule-cochlear nerve (b) were normal.

A 5 years old girl, born at full term by normal vaginal delivery not involving forceps, was presented with left-sided facial paralysis noticed at birth. There was no history of birth trauma or facial paralysis in her family. Facial paralysis was affecting all divisions of facial nerve. Physical examination showed an obvious facial asymmetry, incomplete eye closing on the left side, deviation of the angle of mouth toward the right side and left-sided loss of nasolabial furrow. Rest of the ENT and systemic examinations were normal. Patient was referred to the Radiology department to rule out intracranial etiology. Temporal bone and facial canal were found to be normal in the computed tomography (CT). MRI was performed to look for the cause using routine institutional protocol with the addition of 3D-FIESTA* (3D-CISS) sequences to evaluate cranial nerves. Conventional MR sequences of the brain showed no significant abnormality. 3D-FIESTA sequences [Figure 1, 2] showed absence of left-sided facial nerves throughout its course. Facial nerve was normally seen on the contralateral side. Nerves in bilateral internal auditory canal could not be delineated clearly due to the small size of the canal. Rest of the cranial nerves were normal. Parotid glands were normally seen. On the basis of the clinical and MRI picture, a diagnosis of congenital facial nerve agenesis was made and explained to the parents. On 2-months follow-up, the patient did not show clinical improvement.

Keywords: Congenital facial nerve palsy, Facial nerve aplasia, MRI.

*3D- FIESTA: Three-dimensional (3D) fast imaging employing steady-state acquisition.