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**Letter to the Editor:**

**ORAL FINDINGS IN ISOLATED GLOSSOPHARYNGEAL PALSY**

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## Letter to the Editor:

### ORAL FINDINGS IN ISOLATED GLOSSOPHARYNGEAL PALSY

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Dear Editor, Glossopharyngeal nerve is the IX cranial nerve, which helps in palatal movement, as it innervates the stylopharyngeus muscles (has role in elevation of the pharynx), whose damage can result in a complication known as glossopharyngeal nerve palsy [1].

Here we report a case of isolated glossopharyngeal nerve palsy, following tonsillectomy.

A 24-year-old man reported to the out patient department of a dental college in Mangalore, with the chief complaint of difficulty in swallowing. He denied any history of trauma but gave us the history of tonsillectomy three years back.

Clinical examination showed incomplete elevation of the soft palate on the right side. There was absence of gag reflex and uvular deviation was seen to the right [Figure 1].

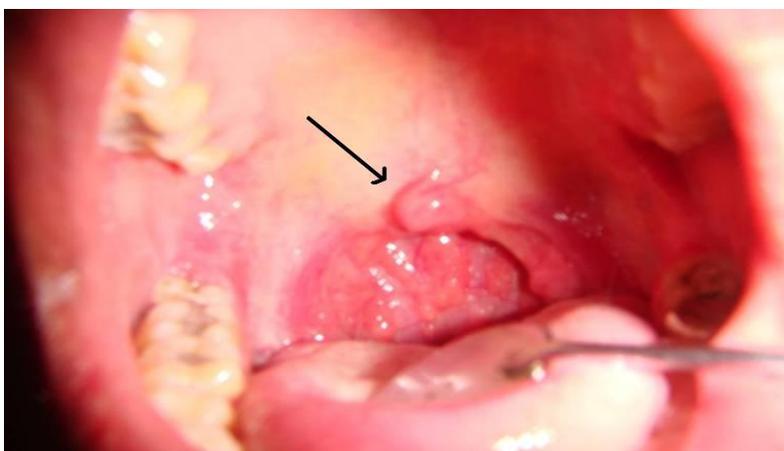


Figure 1: Uvular deviation seen towards the right side

No facial palsy, diplopia, nor any evidence of motor weakness or sensory deficit. Deep tendon reflex of jaw, limbs was normoflexive and symmetric.

We present a case report and proposing an anatomic explanation for a rare complication of dysphagia following tonsillectomy, caused by paralysis of glossopharyngeal nerve.

The mean distance between postero-superior tonsillar fossa and the main trunk of glossopharyngeal nerve is 10.7mm and the mean distance from the postero-inferior tonsillar fossa and the closest lingual branch of the nerve is 6.5mm [2].

Direct nerve injury seems to be the most plausible explanation for this rare complication. The proximity of the nerve to the tonsillar fossa emphasizes the importance of maintaining the correct surgical plane during surgery [2].

Occipital condyle fracture, bulbar palsy, traumatic dissection of internal maxillary artery and compression of the nerve by rheumatoid pannus can be associated with isolated glossopharyngeal palsy [3, 4, 5].

Due to widespread practice of tonsillectomy, students of health sciences and practitioners should be taught on this entity and should be trained to maintain a proper surgical plane during tonsillectomy so as to prevent any damage to glossopharyngeal nerve.

Patient consent and the ethical clearance from the concerned institution were obtained for the above report.

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