



PHARYNGEAL PARALYSIS

Pharyngeal paralysis is manifested by inability to swallow and an absence of signs of pain and respiratory obstruction.

ETIOLOGY

Pharyngeal paralysis occurs sporadically, caused by ¹peripheral nerve injury, and in some ²encephalitis with central lesions.

-Peripheral Nerve Injury

- Guttural pouch infections in horses
- Traumatic injury to the throat region.

-Secondary to Specific Diseases

- Rabies and other causes of encephalitis
- Botulism
- African horse sickness
- As an idiopathic disease in neonatal foals.

PATHOGENESIS

peripheral nerve injury, and in some cases of encephalitis with central lesions that the main causes of pharyngeal paralysis and lead to inability to swallow and regurgitation are this signs consider major manifestations of the disease.

There may be an associated laryngeal paralysis, accompanied by “roaring”.

The condition known as “cud-dropping” in cattle might be a partial pharyngeal paralysis because there is difficulty in controlling the regurgitated bolus, which is often dropped from the mouth.

In these circumstances, aspiration pneumonia is likely to develop.

CLINICAL FINDINGS

- The animal is usually hungry but, on prehension of food or water; attempts at swallowing are followed by dropping of the food from the mouth, coughing, and the expulsion of food or regurgitation through the nostrils.
- Salivation occurs constantly and swallowing cannot be stimulated by external compression of the pharynx.
- The swallowing reflex is a complex one controlled by a number of nerves and the signs can be expected to vary greatly depending on which nerves are involved and to what degree.
- There is rapid loss of condition and dehydration.



- Clinical signs of the primary disease may be evident but, in cases of primary pharyngeal paralysis, there is no systemic reaction.
- Pneumonia may follow aspiration of food material into the lungs and produces loud gurgling sounds on auscultation.
- In cud-dropping in cattle, the animals are normal except that regurgitated boluses are dropped from the mouth, usually in the form of flattened disks of fibrous food material.
- Affected animals may lose weight but the condition is usually transient, lasting for only a few days.

On the other hand, complete pharyngeal paralysis is usually permanent and fatal.

NECROPSY FINDINGS

If the primary lesion is physical, it can be detected on gross examination.

DIFFERENTIAL DIAGNOSIS

- In all species, often the first clinical impression is the presence of a **foreign body in the mouth or pharynx**, and this can only be determined by physical examination.
- Pharyngeal paralysis is a typical sign in **rabies and botulism**, but there are other clinical findings that suggest the presence of these diseases.
- Absence of pain and **respiratory obstruction** are usually sufficient evidence to eliminate the possibility of pharyngitis or pharyngeal obstruction.
- Endoscopic examination of the guttural pouch is a useful diagnostic aid in the horse.

TREATMENT

Treatment is supportive in most cases in addition to management of any inciting disease, such as guttural pouch infection.

Feeding by nasogastric tube allows for recovery of the ability to swallow in most (>90%) affected animals in 7 to 10 days if the nerve damage is not sever.

Nerve tonic in this cases is necessary.

