Melkersson-Rosenthal Syndrome: A Rare Cause of Recurrent Facial Nerve Palsy

Melkersson-Rosenthal Sendromu: Tekrarlayan Fasiyal Sinir Felcinin Nadir Sebeplerinden Biri

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ABSTRACT

Melkersson-Rosenthal syndrome (MRS) is a rare disorder that is characterized by the following triad: recurrent facial palsy, recurrent orofacial edema and a fissured tongue in one third of the cases. Case Report: We report a case of MRS. Conclusion: Reporting this patient of ours we call attention of clinicians to a rare clinical entity. Since there are not many case reports of MRS in the literature, this presentation seems to be interesting.

Keywords: Melkersson-Rosenthal syndrome, recurrent facial nerve palsy, rehabilitation

ÖZET

Melkersson-Rosenthal sendromu (MRS), rekürren fasiyal palsi, rekürren orofasiyal ödem ve vakaların üçte birinde belirgin fissürleri olan bir dil ile karakterize triadı olan nadir bir bozukluktur. Vaka Sunumu: Burada, bir MRS vakası sunulmaktadır. Sonuç: Bu vakayı sunmadaki amacımız, nadir bir klinik duruma klinisyenlerin dikkatini çekmektir. Literatürde MRS ile ilgili fazla vaka sunumu olmaması nedeniyle bu sunumun ilgi çekici olacağını düşünmekteyiz.

Anahtar sözcükler: Melkersson-Rosenthal sendromu, tekrarlayan fasiyal sinir felci, rehabilitasyon

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Introduction

Melkersson-Rosenthal syndrome (MRS) is a rare disorder that is characterized by the following triad: recurrent facial palsy, recurrent orofacial edema and a fissured tongue in one third of the cases (1). However the presence of the classic triad of symptoms is reported in 8- 18% of patients (2).

Case Report

We report a 48 year-old woman who presented to our clinic with right-sided peripheral facial nerve palsy that had occurred 2 days before. The patient had experienced 5 episodes of peripheral facial nerve palsy within the past 20 years, the first occurring at the age of 28. One of these episodes had involved the left side of the face. On detailed questioning, she declared that each occasion had started with a headache before 2 days and a taste disorder before 2 hours, thus she was feeling that she was going to experience a facial palsy. Previous occasions resolved with no sequela. On neurologic examination, there was a painless, nonpruritic, firm facial edema on the right side, grade 4 facial palsy according to House–Brackmann grading scale, but no fissured tongue. There was no abnormality in laboratory tests. Cranial and acoustic canal magnetic resonance imaging and computed tomography of the temporal bone

were normal. The patient was given oral corticosteroid, nonsteroidal anti-inflammatory drug, vitamins and eye drops. After she received 15 sessions of physiotherapy, her symptoms resolved completely.

Conclusion

One of the rare causes of recurrent facial nerve palsy is MRS. The etiology of MRS is unknown, genetic and infectious factors, allergic reactions to various foods and food additives, and autoimmune diseases are blamed in the etiology of MRS (3), but it can be classified as an autoinflammatory disorder (4).

As the presence of the classic triad of symptoms is reported in 8-18% of patients (2), the diagnosis of MRS is often challenging. The most common manifestation of MRS is facial edema, which is acute, painless and mostly limited to the lips (1). Peripheral facial paralysis is seen in one third of cases and it is often not possible to distinguish from that of Bell's palsy. It has a tendency to be recurrent and usually affects alternating sides of the face (5). Fissured tongue is rarely encountered and is thought to be a genetic trait with dominant inheritance (6). Crohn's disease, Bell palsy, facial trauma, granulomatous blepharitis, cheilitis, contact dermatitis and sarcoidosis should be considered in differential diagnosis (7,8).

In the treatment of MRS, systemic corticosteroids, nonsteroidal anti-inflammatory drugs and various physiotherapy modalities are widely used (9). The course of the disease is chronic but benign.

Reporting this patient of ours we call attention of clinicians to a rare clinical entity. Since there are not many case reports of MRS in the literature, this presentation seems to be interesting.

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