Síndrome Melkersson Rosenthal
Melkersson Rosenthal Syndrome

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Palavras-chave: Língua Fissurada; Paralisia Facial; Síndrome Melkersson-Rosenthal.

Keywords: *Facial Paralysis; Melkersson-Rosenthal Syndrome; Tongue, Fissured.*

A 36-years-old male, with personal history of laminectomy for lumbar hernias, presented with sudden facial asymmetry without other symptoms. At examination he had a discrete right peripheral facial palsy and a geographic tongue (Fig. 1). He was discharged with the diagnosis of Bell´s palsy and treated with acyclovir, oral corticosteroids and omeprazol, plus artificial tears and mechanical facial rehabilitation with good outcome.

Three months later, he presented with left peripheral facial palsy associated with lower lip edema (Fig. 2). As before, he denied any other symptoms and, apart from a non-itching and non-painful labial edema and left peripheral facial palsy, he had no other changes on physical examination. He was admitted for etiologic investigation. Blood analysis, thoracic X-ray, cranial computerized tomography and magnetic resonance imaging scans were all normal. Viral serologies were negative. Lumbar puncture was impossible to perform due to previous lumbar surgery. Facial electromyography showed bilateral polyneuropathy of the facial nerve, more significant on the left side. He was discharged with the definitive diagnosis of Melkersson Rosenthal syndrome (MRS). He complied symptomatic treatment with clinical remission and no other relapses until now.

MRS is a rare benign entity of unknown etiology, more prevalent in young adults and is probably paternal inheritance dominated.[1] It is characterized by the presence of a classical triad of symptoms such as: a) persistent or recurrent facial edema more frequently on the lips or eyelids, b) relapsing peripheral facial palsy: indistinct from Bell's palsy, that can be

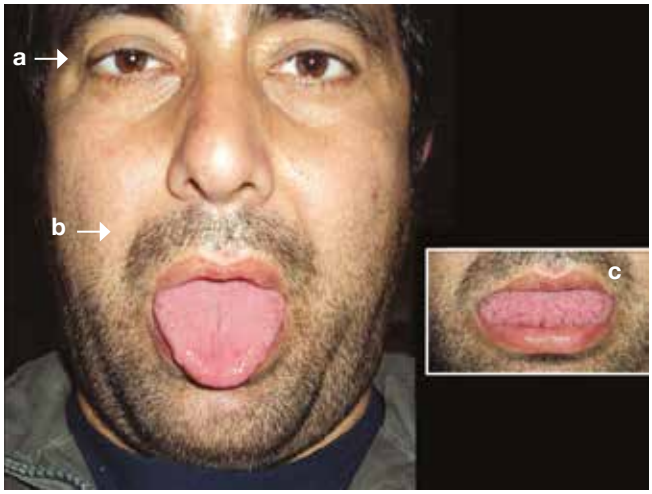

Figure 1: Right peripheral facial palsy and *lingua plicata*
Legend: a. Discrete ptosis, b. Loss of nasolabial fold, c. *lingua plicata*.

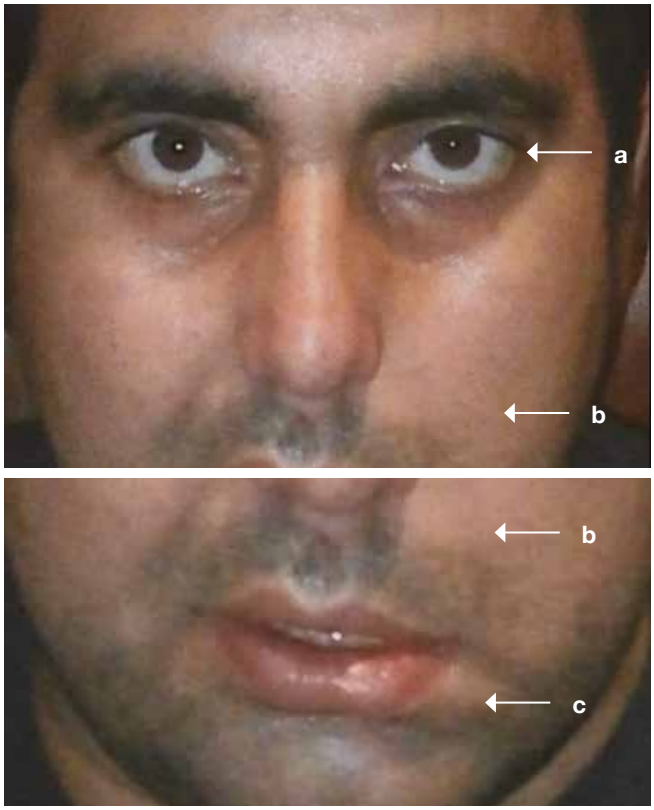

Figure 2: Left peripheral facial palsy and lower lip edema
Legend: a. Discrete ptosis, b. Loss of nasolabial fold, c. lower lip edema.

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bilateral (concurrent or asynchronous), c) *lingua plicata:* geographic/fissured tongue.[1-3] If the triad is complete (8% - 25% of the cases), the diagnosis is purely clinic.[1,4] If not, a skin biopsy of the edema is required, showing non-necrotizing granuloma, throughout the dermis.[4,5] Differential diagnosis includes: stroke, Guillain-Barré syndrome, infections, granulomatous diseases, among others.[3,6] Symptomatic treatment can be beneficial.[1] ■

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