

Teaching NeuroImages: Melkersson-Rosenthal syndrome with permanent bilateral facial weakness

Fabian Rossi, MD, Nina Tsakadze, MD, Elisa M. Rossi, and Michael Hoffmann, MD

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Correspondence

Dr. F. Rossi
fabian.rossi@va.gov

Figure Patient with normal tongue, unable to kiss or smile



(A) Patient with mild bilateral facial edema unable to kiss. (B) Patient with mild bilateral facial edema unable to smile. (C) Normal tongue; no evidence of tongue plication.

A 56-year-old woman had multiple, alternating attacks of Bell palsy, associated with lower labial edema and dysgeusia. The facial paresis and edema resolved only partially, and over the years she lost the ability to smile and kiss, and developed lacrimation while eating (figure). Otherwise, neurologic examination, dermal examination, and brain MRI and magnetic resonance angiography were unremarkable. Family history was negative. Notable were negative serology for Lyme, sarcoidosis, HIV, and HbA1C elevation. Melkersson-Rosenthal is a rare syndrome presenting with a triad of alternating or bilateral facial weakness, macroglossia, and, less commonly, fissured tongue, with features sometimes permanent.^{1,2}

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Author contributions

Dr. Rossi: study concept and design, acquisition of data. Dr. Tsakadze, E.M.R., and Dr. Hoffman: analysis and interpretation data, design supervision, critical revision of manuscript for intellectual content.

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Disclosure

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From the Clinical Neurophysiology Laboratory (F.R.), Comprehensive Headaches Center (N.T.), Department of Neurology (N.T., E.M.R.), and Behavioral and Cognitive Center (M.H.), Orlando VA Medical Center; and Department of Neurology (F.R., M.H.), UCF Medical School, Orlando, FL.

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