CLINICAL SNAPSHOT

Recurring Facial Nerve Palsy

A 27-year-old female nurse presented with acute paralysis of the right side of her face. She reported that the same symptoms had occurred three times in the previous 10 years, involving either side. Each time the symptoms had resolved spontaneously after about a week. On examination she had right-sided facial nerve palsy with lip swelling and folding of the tongue (lingua plicata), as shown clearly in the Figures (raising eyebrows), closing eyes, showing teeth, showing tongue). This typical but seldom fully displayed triad sufficed for the diagnosis of Melkersson–Rosenthal syndrome. Oral prednisolone treatment for 2 weeks led to complete remission, with no recurrence over 10 months' follow-up.

Melkersson–Rosenthal syndrome is a neuromucocutaneous disease of unclear origin that begins in childhood or early adulthood (incidence 1:1 250) and shows a relapsing–remitting course. Remission between the episodes is not always complete. Histological analysis reveals a granulomatous inflammation (cheilitis granulomatosa), but clinical chemistry and CSF analysis show no abnormalities. The treatment, as for idiopathic facial nerve palsy, comprises systemic corticosteroids.

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