



MELKERSON ROSENTHAL SYNDROME- CASE REPORT

ENT

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ABSTRACT

Recurrent facial swelling is one of the important criteria for diagnosis of Melkersson-Rosenthal syndrome and helps in early diagnosis of it. Melkersson-Rosenthal syndrome is a rare disorder. Its triad includes oro-facial edema, facial nerve palsy, furling of tongue. At least two components are essential for making diagnosis of this entity. Corticosteroids are mainstay of treatment. We reported two female patients both presented with oro-facial oedema with one of the other component of triad. Both patients have been treated with tapering doses of steroid over a period of four weeks and recovered completely.

KEYWORDS

Facial oedema, Facial nerve palsy, Fissured tongue, Oral steroid

Case 1

A 36 yr old female patient presented to ent opd with complaint of facial swelling and redness on and off episodes for past two years but persistent swelling for two months. She had no other comorbidity. She was vegetarian. She took a lot of antiallergic but did not show any sign of improvement. She went to multiple peripheral institutes but no definitive diagnosis was made. We had examined the patient in detail. The only physical sign was tongue fissure. Facial symmetry was intact. Her laboratory test was normal. Her autoimmune work up was normal. We treated the patient with tapering doses of steroid for four weeks. She was reviewed after two weeks. She was showing signs of recovery. After four weeks, she was completely improved. There was no facial swelling. We had completely tapered her oral steroid after four weeks and follow up was done after 12 weeks. There was no recurrence on next visit.

Case 2

A 39 yr old female patient came to ent opd with complaint of facial swelling for 5-6 months. She had no other complaint. She had no other comorbidities. She was vegetarian. On examination there was grade two facial palsy as per HOUSE BRACKMAN SCALE but she had no obvious facial asymmetry and difficulty in eating and speaking. Her oral examination was normal. Her routine laboratory tests and autoimmune work up was normal. We started the patient with tapering doses of steroid for four weeks after explaining the nature of her illness and possibility of recurrence in future. Patient came to ent opd after four weeks. There was no facial weakness and puffiness at the time of examination.

DISCUSSION

The triad of oro-facial edema, facial nerve palsy, and furling of the tongue is found in Melkersson-Rosenthal syndrome (MRS). Ernst Gustaf Melkersson found facial edema and facial paralysis in a 35 yr female patient in 1928. Rosenthal described facial paralysis and fissured tongue in 1931.^{1,2} It occurs mainly between the age of 25-40 years and predominantly occurs in female patients. The female to male sex ratio is 2:1.¹ There is no standard therapy of treatment. Mainstay of treatment is corticosteroid with antihistaminics and anti-inflammatory.^{3,4}

We reported two patients in our case series. Both patients were female patients. We found facial swelling in both patients as a common feature with one of the other entities like fissured tongue or facial palsy. There was no response to antiallergic and anti-inflammatory. Patient was treated with tapering doses of oral steroid for 2-4 weeks. The classical triad is not found in all the patients. At least two features should be present to label a patient with Melkersson-Rosenthal syndrome.

CONCLUSION

Melkersson-Rosenthal syndrome is not seen on a routine basis as an outdoor patient. Idiopathic facial swelling is one of the components of the classical triad found in this syndrome. We studied two patients having idiopathic facial swelling with or without facial nerve palsy or fissured tongue. So we should keep the possibility of this syndrome in mind.

facial oedema of unknown origin. The clinician should do a detailed examination of facial nerve and oral cavity.

Acknowledgment

We would like to thank the patients who had agreed to have their case reported.

Declaration of patient consent

We certify that we have obtained appropriate patient consent forms. In the form, the patient has consented for their images and other clinical information to be reported in the journal. The patients understand that their name and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

Nil

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