Case Report

Kaoutar Laamari*, Hanane Baybay, Samia Mrabat, Zakia Douhi, Sara Elloudi, Mernissi Fatima Zahra
Departement of Dermatology, University Hospital Hassan II, Fes, Morocco

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*Corresponding author: Kaoutar Laamari, Departement of Dermatology, University Hospital Hassan II, Fes, Morocco

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Abstract

Melkersson-Rosenthal Syndrome (MRS) is a rare disease characterized by the triad of recurring facial paralysis, a fissured tongue, and recurring swelling of the lips and/or face. The etiology is unknown; it may be caused by hereditary factors or conditions occurring later in life.

Keywords

Melkersson-Rosenthal; Macrocheilitis; Facial Paralysis

Introduction

Melkersson-Rosenthal syndrome (MRS) is a rare orofacial granulomatosis, having an incompletely understood pathogenesis. It associates a recurrent palsy of the facial nerve, an edema of the superior lip and fissure grooves on the dorsal surface of the tongue.

Cases displaying the entire triad are very rare. The mono-symptomatic or oligo-symptomatic forms is more common. Presence of granulomatous cheilitis in the biopsy together with one or two of these clinical findings could be sufficient for MRS diagnosis.

The differential diagnosis of MRS includes also chronic inflammatory and infectious diseases characterized by granulomatous infiltration, as well as rosacea, contact dermatitis, allergic reactions.

We report a case of a young adult suffering from macrocheilitis and we made the diagnosis of melkersson rosenthal syndrome.

Case report

35 years-old male patient who had no systemic diseases and regular drug use applied to our dermatology department, with painless and recurring swelling of the right side of is upper lip. Patient’s history revealed that he suffered from facial paralysis on the right side of his face. During extra-oral examination, swelling of the right side of the upper lip, macrocheilitis and asymmetry were observed. (Figure 1). During intromoral examination it was observed that the patient had no fissured tongue (Figure 2).

Figure 1: Macrocheilitis and asymmetry

The differential diagnosis of MRS includes a broad spectrum of heterogeneous conditions, mainly represented by other granulomatous disorders such as foreign body reaction, sarcoidosis, Crohn's disease, Wegener's vasculitis, amyloidosis and a wide variety of infections; Bell's palsy, orofacial herpes, rosacea, contact dermatitis and allergic reactions should also be considered (7,8,9,10).

Although not always necessary, a biopsy may be required to differentiate the syndrome from other conditions, especially Crohn's disease. The histopathology shows intra- and extravascular clusters of histiocytic-epithelioid cells and noncaseating sarcoidal granulomas (11). A multidisciplinary team approach involving otolaryngologists, dermatologists, and neurologist is required to manage these patients. Most patients are managed with steroids and nonsteroidal anti-inflammatory drugs, and other drugs that have been tried are danazol and sulfasalazine. Facial nerve decompression may become necessary for patients with recurrent facial paralysis. (1)

**Conclusion**

Melkersson–Rosenthal syndrome is a rare disorder which may present as a classic triad of orofacial swelling, facial palsy and fissured tongue or, more frequently, with oligo/mono-symptomatic features.

**References**


