原文題目(出處)：	Melkersson-Rosenthal syndrome revisited as a misdiagnosed disease. Am J Otolaryngol 2009;30:33-7
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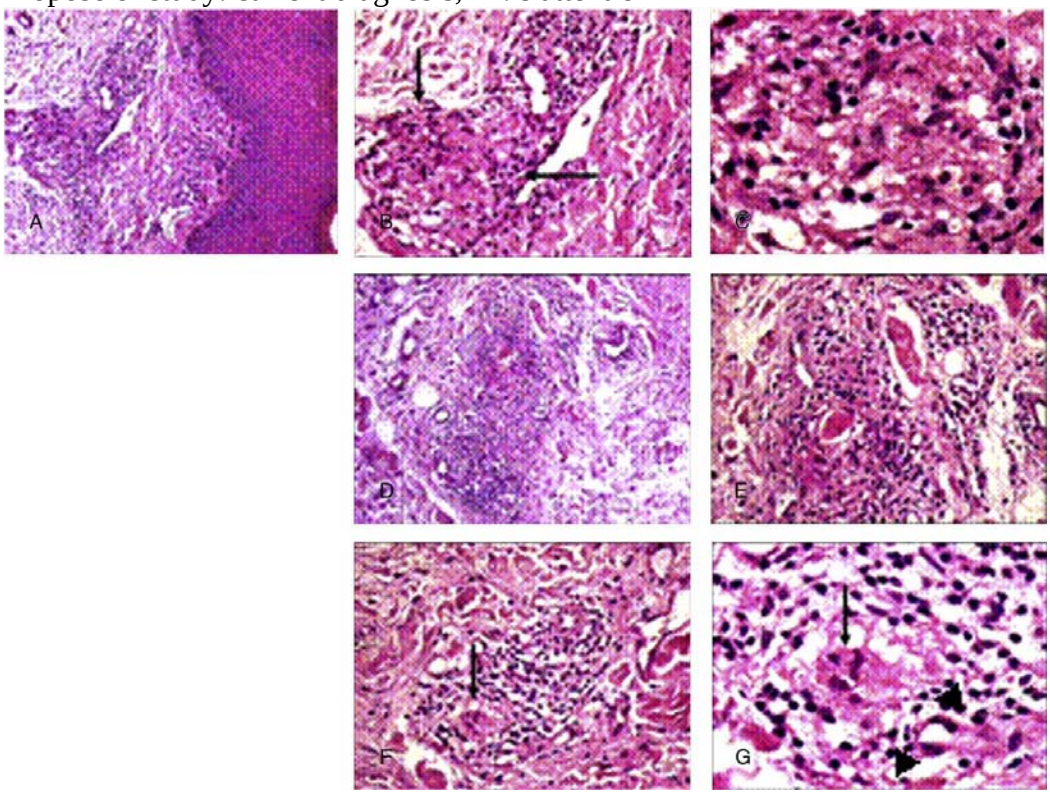
內文：

Introduction:

- Melkersson-Rosenthal syndrome (MRS) is a rare, noncaseating granulomatous disease
- Classic triad: orofacial edema, facial paralysis, lingua plicata (scrotal, fissure or furrowed tongue)
- Etiology: unknown
- Possible cause:infectious disease, genetic ,allergy and benign lymphologranulomatosis
- Histopathological feature: lymphoedema, noncaseating epitheloid cell granulomas, multinucleated Langhans-type giant cell, perivascular mononuclear inflammatory infiltration, and fibrosis
- Propose of study: current diagnosis, Dr.'s attention



Materials and methods

Retrospective review of p't database

Results

3 patients were found

Patient 1 : 44y/o female

clinical feature

Recurrent right peripheric facial paralysis (PFP), House-Brackmann grade 6

Swollen upper and lower lip, furrowed tongue

Histiopathology feature (upper lip)
Lymphocytic infiltration, submucosal edema
Treatment
Facial nerve decompression via transmastoid approach
Medication:1mg/kg methylprednisolone
F/U:
2 month after: PFP regress to HB3
6 month after: syndrome regressed, except HB3
PFP recur on right side 1, 3, 7 years after surgery
No recurred during last 3 yr

Patient 2: 32y/o male
clinical feature
lower lip edema, fissure tongue, diarrhea, burning sensation in right eye (uveal ectropion, visual loss)
Treatment
Intralesional corticosteroid treatment (triamcinolone,10mg/mL)
F/u
Lip edema regression 1 month after injection
Recurrent PFP: 1990, 1991, 2002(right) 1993, 1994(left)
No recurred during last 1 year

Patient 3: 21y/o male
clinical feature
Upper lip edema, fissure tongue, periorbital edema , hives, rhinitis, conjunctivitis
No PFP
Histopathology feature
Non caseified granulomatous morphology, granulomatous cheilitis
Treatment
Intralesional corticosteroid injection
Regression 3 weeks after injection

Discussion

- Diagnosis is difficult because triad presence only8~18%
- Most dominant manifestation:facial edema, acute, diffuse, painless, mostly upper lip
- Does not respond to antihistamines
- Can lead to fibrosis
- Facial paralysis occur months to years before or after facial edema
- PFP could be uni or bilateral, partial or complete
- Lingua plicata has been considerate as congenital
- Biopsy exclude Crohn disease and sarcoidosis (類肉瘤症)
- Other finding:trigeminal neuralgia,paresthesias(皮膚異常), ocular palsies(眼部癱瘓), blepharospasm(眼瞼痙攣) , epiphora(淚漏) keratits(角膜炎), migraine
- Treatment:systemic or intralesional corticosteroids

題號	題目
1	下列何者非Melkersson-Rosenthal syndrome的特徵 (A) 臉部水腫(facial edema) (B) 顏面麻痺癱瘓(facial paralysis) (C) 溝紋舌(fissure tongue) (D) 扁平苔蘚(lichen planus)

答案(D)	出處：Oral and maxillofacial pathology 2nd edition,p12,741,294
題號	題目
2	以下對Melkersson-Rosenthal syndrome的敘述何者錯誤 (A) 只會發作一次就終身免疫 (B) 目前以口服或施打抗生素做症狀治療 (C) 最常出現的顏面腫脹部位為上唇 (D) 發病的機制目前尚未明瞭
答案(A)	出處：Head and neck medicine and surgery 30(2009)33-37

註:House-Brackmann facial nerve grading system

Grade	Definition
I	Normal symmetrical function in all areas
II	Slight weakness noticeable only on close inspection Complete eye closure with minimal effort Slight asymmetry of smile with maximal effort Synkinesis barely noticeable, contracture, or spasm absent
III	Obvious weakness, but not disfiguring May not be able to lift eyebrow Complete eye closure and strong but asymmetrical mouth movement with maximal effort Obvious, but not disfiguring synkinesis連帶運動, mass movement or spasm痙攣
IV	Obvious disfiguring weakness Inability to lift brow Incomplete eye closure and asymmetry of mouth with maximal effort Severe synkinesis, mass movement, spasm
V	Motion barely perceptible Incomplete eye closure, slight movement corner mouth Synkinesis, contracture, and spasm usually absent
VI	No movement, loss of tone, no synkinesis, contracture緊縮, or spasm

註:sarcoidosis

Multisystem granulomatous disorder

Clinical feature:dyspnea呼吸困難,dry cough, chest pain, fever, malaise,fatique

Pulmonary symptoms are most common

Histopathologic feature:non-caseating granulomatous inflammation,giant cell,histiocytes aggregation