

Rossolimo-Melkersson-Rosenthal syndrome

Nino Tsiskarishvili

Tbilisi State Medical University, Georgia

ABSTRACT

Rossolimo-Melkersson-Rosenthal syndrome is characterized by three symptoms: macrochilia, fissured tongue and paralysis of facial nerve. More often this syndrome occurs among women. Pathologically in corium revealed glaucomatous inflammation with tissue edema. Granuloma can have tuberculoid, sarkoid, lymphonodular-plasmatic structure. Surgical and conservative treatment is in use.

KEYWORDS: *Rossolimo-Melkersson-Rosenthal syndrome, clinic, treatment*

Generally, edema of either one or both lips appears from the beginning. Very seldom paralysis of the facial nerve appears as a first symptom of this illness. Pain in face area with following paralysis of the facial nerve might be the first symptom as well. Usually this illness starts suddenly. In duration of several hours develops edema of one or both lips. Shapeless swelling of lip is observed, lips edge is proboscidiform dislocated.

The second symptom of this illness is paralysis of facial nerve. Very often before paralysis different pathological feelings appear into mouth, unilateral vasomotor rhinopathy, changes in saliva secretion. In most cases, paralysis of facial nerve gradually is going off. But there is well pronounced tendency to relapse. In case of chronic, after repeatedly appearing of facial nerve paralysis, the later can get persistent character.

The third symptom of illness is fissured tongue. During examination hydropic condition, irregular expansion and fissured tongue with pronounced furrows are striking.

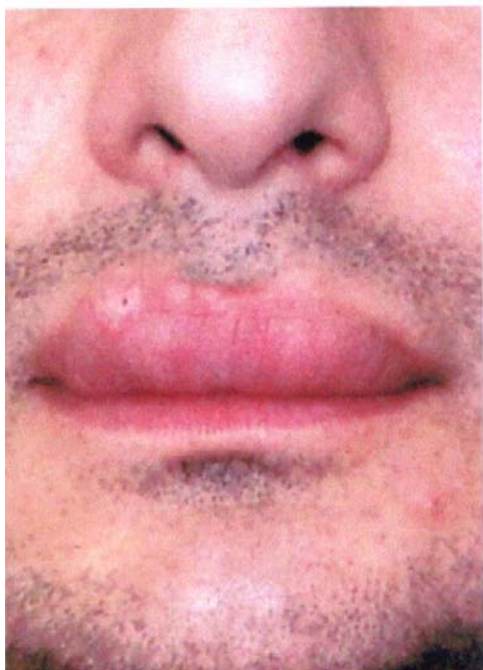


Fig.1 *Manifestation of symptoms.*

CASE REPORT

The 33 years old man complained about edema of upper lip. The illness developed suddenly. Just in few hours the upper lip became swollen and thicker in 3-4 times in comparison with normal thickness. The bulge of lip was irregular, from one side the lip was more swollen than from other. Edema was accompanied by chaps. Distortions of speech and mimicry were low. Food intake was not labored. The swollen lip had light red color with stagnant tint. Palpation revealed pillow-shaped or densely-elastic tissue consistence. Impressions after palpation did not remain. The thickness of lip was gently packed, but not sclerosed. Intensity of edema has been changed in one day.

Beginning of the illness the patient related to herpetic infection that he had earlier. On the upper lip post herpetic scar-like changes has been observed. Patient mentioned that several months ago he two times had the paralysis of facial nerve.

The complex conservative treatment with corticosteroids (20-30 mg of prednisolone), antibiotics of wide spectrum (vibramycin up to 1g per day) and synthetic antimalaria preparation – Chloroquine (0.25g two times a day) has been carried out. The local electrophoresis of heparin ointment and application on affected location of heparin mixed with dimexidum have demonstrated marked therapeutic result.

DISCUSSION

Etiology and pathogenesis of the illness are still under investigation. There are hereditary and infection-allergic theories of the illness origin. In this case infectious agent was herpes virus. Patients with Rossolimo-Melkersson-Rosenthal syndrome not always have combination of all three symptoms. In our case the clinic of illness was manifested just by macrochilia and this created some difficulties for correct diagnostics. It was necessary to make differentiation from elephantiasis, which appears during chronic erysipelas and giant urticaria as well as from macrochilia as a complication of chronic lip scars and secondary infection. In most cases there are favorable prognoses for a disease and just a few patients, in spite of treatment are suffered from illness during many years.

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Синдром Россолимо-Мелькерсон-Розенталя

Нино Цискаришвили

Тбилисский государственный университет, Грузия

Р Е З Ю М Е

Заболевание характеризуется тремя симптомами: макрохейлией, складчатым языком и параличом лицевого нерва. Синдром несколько чаще встречается у женщин. Заболевание может начаться в любом возрасте. Патологически в дерме выявляется гранулематозное воспаление, сочетающееся с отечностью тканей. Гранулемы могут иметь туберкулоидное, саркоидное, лимфонодулярно-плазматическое строение. Проводят хирургическое и консервативное лечение.

Ключевые слова: синдром Россолимо-Мелькерсон-Розенталя, клиника, лечение