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2nd Edition

Pearls in Medicine

for Students

Mysteries behind Diagnosis



Arup Kumar Kundu

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3

Alteration of Facial Contour

ASYMMETRY OF FACE

- Hemiatrophy (e.g. linear scleroderma-en-coup de sabre)
- Hemihypertrophy
- Residual Bell's palsy (Fig. 3.1)
- Lipodystrophy
- Unilateral facial edema (angioneurotic edema, postural)
- Paget's disease (osteitis deformans)—face seems to be an inverted triangle
- Fibrous dysplasia
- Absence of condyle of mandible (congenital)
- Massive swelling of parotid gland (e.g. mixed parotid tumor, Mikulicz's syndrome)
- Acromegaly with prognathism
- Micrognathia (small mandible or receding chin), e.g. Pierre-Robin syndrome or Treacher Collins syndrome
- Hemifacial spasm (irregular, painless, clonic contraction involving one half of face, and is commonly due to sequelae of Bell's palsy, compressive lesion of facial nerve, trauma or demyelination)
- Plexiform neurofibromatosis
- Absence of teeth or bad (ill-fitted) dentures.

In Parry-Romberg syndrome, the facial hemiatrophy may be associated with atrophy of skin, tongue, gingiva, soft palate, subcutaneous fat, muscle, bone and cartilage of nose/ear; it is a variety of lipodystrophy (Fig. 3.2).

COMMON CAUSES OF BILATERAL FACIAL PALSY OF LOWER MOTOR NEURON TYPE (FACIAL DIPLEGIA)

- Acute infective polyneuritis (Guillain-Barré syndrome)
- Leprosy
- Sarcoidosis
- Forceps delivery
- Leukemia or lymphoma (deposits in parotids)

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Fig. 3.1: Left sided Bell's palsy producing alteration of facial contour by deviation of face to the right side on showing the teeth. Bell's phenomenon is noted on forced closure of eyes.



Fig. 3.2: Facial hemiatrophy (left): A patient of Parry-Romberg syndrome

- Bilateral Bell's palsy
- Bilateral otitis media
- Diphtheria.

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Myasthenia gravis and myopathy develop into facial weakness; there is no involvement of facial nerve.

PROGNATHISM (BULL-DOG JAW OR LANTERN JAW)

It is the prominence of mandible and is diagnosed clinically by inspection and observing the lower incisors (mandible) protruding in front of the upper incisors (maxilla); it is seen in:

- Acromegaly
- Fragile-X syndrome
- Nemaline myopathy
- A particular variety of osteopetrosis.

LIMB LENGTH INEQUALITY

- Achondroplasia
- Fibrous dysplasia
- Congenital asymmetry (coxa vara, short femur/tibia) (Fig. 3.3)
- Epiphyseal trauma
- Dislocation of hip joint
- Arteriovenous malformations in one limb
- Osteitis.

HEMIHYPERTROPHY

It is commonly known as ***Klippel-Trenaunay syndrome*** which is internally associated with a spinal cord vascular malformation and externally featured by



Fig. 3.3: Hypertrophied, deformed and asymmetrical left lower extremity (congenital)—unilateral

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Fig. 3.4: Hemihypertrophy of left upper extremity in a patient of chronic renal failure with continuous hemodialysis done through Brescia-Cimino (artificially made arteriovenous shunt) fistula made in left hand

hemangioma of the trunk or upper or lower extremity + hypertrophy of hemangiomatous limb. The cord lesion may bleed and leads to spinal sensorimotor paralysis.

Hemihypertrophy is also found in congenital arteriovenous fistula or acquired arteriovenous fistula (Brescia-Cimino fistula artificially made for hemodialysis) (Fig. 3.4) in a limb, neurofibromatosis, Russell-Silver syndrome or is idiopathic.



THE PEARLS

Alteration of facial contour may be developmental which may have no importance but many a time a close inspection of face may pin-point some clinical entity. Thus, it may be regarded as a 'window in clinical medicine'.

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Pearls in Medicine
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Salient Features

- An ideal book to increase the knowledge-bank in internal medicine
- Emphasis on common medical presentations with a reasoning behind diagnosis
- An updated, practical, problem-based and cost-effective clinical approach
- Stress on etiology, differentials, diagnosis and management
- Concise but comprehensive and easy-to-use format of some 'facts' in medicine
- A 'window in clinical medicine' encountered in day-to-day practice.



Arup Kumar Kundu MD FICP MNAS is Professor of Medicine and In-charge, Division of Rheumatology, IQ City Medical College, West Bengal, India. He has been working as an internist for more than 30 years, and is renowned for his sharp clinical acumen, analytical approach and clarity of expression towards solving different problems in internal medicine. He has been teaching medicine to the students, both undergraduates and postgraduates, and has been an examiner in different Indian universities. Dr Kundu, a keen researcher, has authored three other indispensable books 'Bedside Clinics in Medicine, Part I and Part II', and 'MCQs in Internal Medicine'.

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