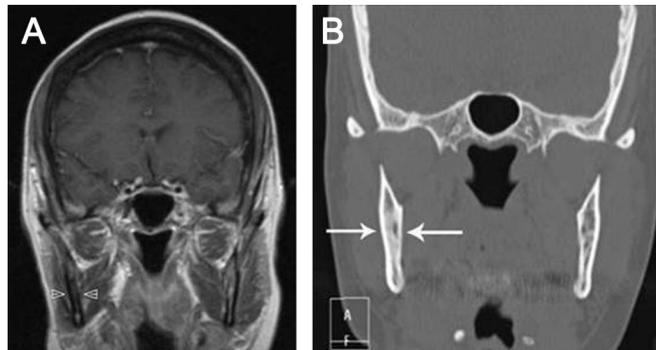


Teaching NeuroImages: “Numb chin syndrome” in a patient with breast cancer

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Figure 1 Diminished marrow signal and osteoblastic lesion



Coronal T1-weighted sequence demonstrates diminished marrow signal within the right mandible angle, compatible with osseous metastasis (A). Facial bone CT shows an osteoblastic lesion involving the diploic space surrounding the mandibular canal (B) corresponding to abnormal uptake in figure 2.

A 51-year-old woman with breast cancer presented with progressive numbness and burning in the right lower gum and oral mucosa. Neurologic examination was normal except for reduced sensation in the right lower gum region. Inferior alveolar neuropathy from mandible metastasis was diagnosed (figures 1 and 2). “Numb chin syndrome” is characterized by decreased sensation

in the chin or lower lip, oral mucosa, and gum. Median time from cancer diagnosis is 45.8 ± 51 months.¹ Median age is 48 years.¹ It occurs in a variety of cancers, most commonly breast.² Sites of neoplastic trigeminal nerve compression/infiltration include the skull base, leptomeninges, or mandible, the latter affecting the mental or inferior alveolar branches. Prompt diagnosis and treatment of the metastasis, typically with radiation therapy, can improve neurologic symptoms.

Figure 2 Tc99 bone scan



Abnormal uptake on Tc99 bone scan performed 2 weeks prior.

AUTHOR CONTRIBUTIONS

Dr. Srivadee: study concept and design, acquisition of data. Dr. Coffey: analysis and interpretation. Dr. Teston: critical revision. Dr. Rogers: study supervision.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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