RESIDENT & FELLOW SECTION

Teaching NeuroImages:
Sucking candy sign in Bell palsy

A 20-year-old woman presented with spontaneous onset of facial weakness. Examination revealed House-Brackmann grade IV right facial paresis and a contralaterally pigmented tongue (figure) from habitual sucking candy use. Contemporaneous taste loss on the anterior right tongue led her to keep the candy as far away from that area as possible—the posterior left tongue.

Bell palsy (commonly known as Bell’s palsy) can feature taste loss in the anterior two-thirds of the tongue ipsilateral to facial weakness, localizing to a lesion in the infrastapedial-suprachordal segment of the facial nerve. The loss of taste does not correlate with the severity of weakness.²

AUTHOR CONTRIBUTIONS
Drs. Armand and Robbins conceived and designed the study; acquired, analyzed, and interpreted the data; and drafted, revised, and gave final approval to the manuscript.

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C. Armand reports no disclosures relevant to the manuscript. M. Robbins serves on the editorial board for Headache and is a section editor for Current Pain and Headache Reports; has received book royalties from Wiley; and served as a site principal investigator for a clinical trial sponsored by eNeura, Inc. Go to Neurology.org for full disclosures.

REFERENCES

Figure Patient’s face and mouth

The patient’s upper face demonstrates a lack of brow wrinkles (A) on the right. A photograph of her mouth (B) demonstrates sucking candy pigment deposition on the posterior aspect of the left tongue.

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