

Image Diagnosis: Numb Chin Syndrome

Rabih Geha, MD; Trevor Jensen, MD

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CASE PRESENTATION

A 58-year-old woman with a history of stage III lung adenocarcinoma presented to the Emergency Department with complaints of persistent chin numbness. She had good dentition, no oral lesions, and reduced sensation to light touch over the right side of her chin, but no other neurologic deficits. A noncontrast head computed tomography scan revealed several lytic lesions at the skull base (Figure 1). A subsequent brain magnetic resonance imaging scan showed diffuse dural thickening (Figure 2), which was concerning for leptomeningeal carcinomatosis. These findings were consistent with Numb Chin Syndrome. Our patient elected against further treatment and was discharged home with hospice.

DISCUSSION

First reported in 1954, Numb Chin Syndrome is a sensory neuropathy of the mental nerve characterized by paresthesias and/or numbness of the chin.^{1,2} Malignancy is the most common etiology after primary dental pathology.³ Numb Chin Syndrome often heralds relapse or progression of known disease and is rarely the index presentation of malignancy.¹ Lymphoma and breast cancer are the most commonly implicated tumors, followed by leukemia, lung cancer, and prostate cancer.⁴ Invasion of the mandible, leading to local nerve compression, frequently accounts for the observed symptoms. As with our patient, skull base and leptomeningeal disease are other established mechanisms, making brain imaging imperative in these patients. ❖

Disclosure Statement

The author(s) have no conflicts of interest to disclose.

How to Cite this Article

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Figure 1. Noncontrast computed tomography scan of the brain. The arrow indicates a focal area of bone demineralization caused by a lytic lesion of the clivus.

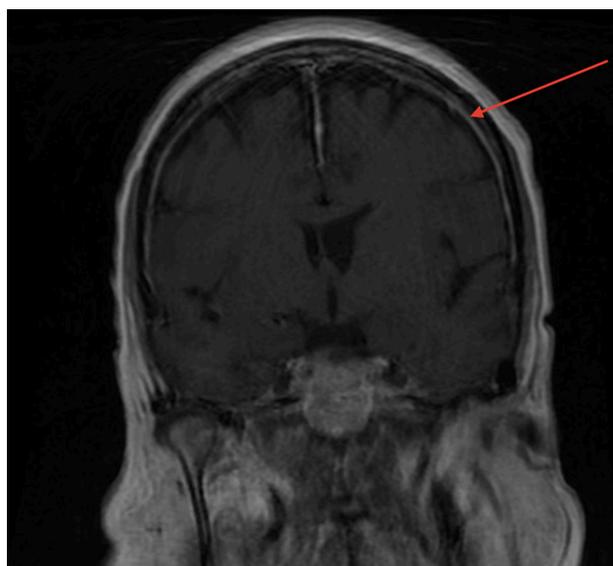


Figure 2. Coronal-view postgadolinium T1-weighted magnetic resonance image of the brain. The arrow indicates diffuse dural thickening and enhancement.

Rabih Geha, MD, is a Physician in the Department of Medicine at the University of California, San Francisco. E-mail: rabih.geha@ucsf.edu. Trevor Jensen, MD, is a Physician in the Department of Medicine at the University of California, San Francisco. E-mail: trevor.jensen@ucsf.edu.