

The Treatment Medical Analysis of Frey's Syndrome: A Case Report

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ABSTRACT

Frey's syndrome or gustatory sweating syndrome or auriculotemporal nerve syndrome is the consequence of trauma to the parotid gland, the diagnosis is clinical.

In This case report we address the case of a patient operated for an adenoma pleomorphic gland parotid and who developed symptoms in favor of Frey syndrome.

We have proceeded to treatment by injecting the affected area with toxin Allergan botulinum toxin type A interest resides in its simplicity of use and its effectiveness.

We will discuss also the others methods therapeutic.

Keywords: Frey's syndrome; Gustatory sweating syndrome; Auriculotemporal nerve syndrome; Therapeutic

Introduction

The sick man noticed that when he ate, the left half of his face became the seat from profuse sweating accompanied in at the same time a strong feeling of warmth ... He was convinced that this abnormal sweating was put on the account of too great a size voracity and he in had shame. In the region that almost corresponds exactly in the area of the auriculotemporal nerve, hyperesthesia of all modes of sensitivity is observed. When the patient eats or GOOD that he sucks a candy, we note on the left side and after about 1 to 2 minutes, a redness of the face, a local temperature rise and a profuse sweating. Sweat, appeared first in the form of large droplets, flows after their fusion into real gutters. Chewing movements alone, without food, as well as excitement by touching the mucous membrane lingual do not cause none of these disorders. On the other hand, they appear each time that we irritate the party posterior mucosa lingual

by taste stimuli and without chewing or sucking movements intervene. Lucie Frey, 1923¹.

Frey syndrome (FS) or gustatory sweating syndrome or auriculotemporal nerve syndrome is the consequence of trauma to the parotid gland². In the majority of cases, it occurs within 6 to 18 months following a parotidectomy. This is of a pathology enough frequent (4% to 62%)³ which hinders significantly improve the quality of life of patients.

Case Report

We report the case of a patient aged 40, mother and housewife, having benefited he there is two years of a parotidectomy superficial left following the appearance of a tumor parotid, examination anatomopathological extemporaneous showed an adenoma pleomorphic (**Figure 1**).



Figure 1: In postoperative immediate.

The patient had no other background pathological individuals. The time between the gesture operative and the onset of Frey's syndrome was 1 year, with the onset of a redness and an excessive sweating during meals, in relation to the region parotid (**Figure 2**).



Figure 2: during symptoms of Frey syndrome.

The diagnosis is clinic, we have observed the patient eating, 10 minutes later, a redness and a sweat are appeared in preauricular. The patient reported a feeling of warmth and discomfort.

We have proceeded to treatment by injecting the affected area with toxin Allergan botulinum type A 50 IU/mL (Botox®), We have injected intracutaneously approximately 4.0 IU each cm² to ensure good distribution of the product. The subjective absence of sweating and other symptoms of the syndrome define the success of the treatment. We have carried out a follow-up approached the patient to note and take in charge of complications that may occur: erythema and ecchymosis. dry mouth, paralysis facial, as well as short-term local reactions of pain, edema, eyelid ptosis.

Discussion

In Regarding Frey 's syndrome, the interest to use the toxin botulinum as a treatment method resides in its simplicity of use, It allows to avoid the patient having to undergo a new operation, infiltration will be able to be repeated after recurrence. At the level of the sweat glands, the action of the toxin would be in

inhibiting the release acetylcholine in cholinergic synapses sympathetic acinar and myoepithelial cells responsible for the production and secretion of sweat⁴. The results of our study reveal that infiltration local intradermal toxin botulinum in the treatment of Frey syndrome is a method which is effective, simple, minimally invasive and fast. / Repeated injections of toxin botulinum seem to favor a decrease in the severity of symptoms and the extension of the treated area, as well that a spacing of periods between recurrences, such as In OUR case. A possible explanation would be atrophy of the eccrine glands, inhibited for long periods. / After comparing the different techniques, it in the protocol emerges next: It is recommended after a disinfection cutaneous meticulous to use 1 vial of Botox®100 IU in dilution 25 IU/ml. Injection per site, strictly intradermal by the appearance of a papule to avoid all paralysis of adjacent muscles delivers a volume of 0.1 ml and a concentration of 4 IU. It is made using of a 30-gauge needle. The intersite distance East commonly admitted at 10 mm. The number of sessions and the time between sessions are respectively 4 and every 2 years in function of recurrence of Frey syndrome after injection⁵.

Creams containing atropine and scopolamine have showed results poor and transient, good that he does not exist none essay randomized demonstrating these results⁶.

Conclusion

The treatment of choice in Frey syndrome cases remain injection of the toxin botulinum according to the majority of studies made to date.

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