[PICTURES IN CLINICAL MEDICINE]

Auriculotemporal Nerve Syndrome

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Picture.

A 31-year-old man complained of recurrent episodes of left-dominant facial flushing and sweating precipitated by eating. He previously broke his bilateral mandibular condyles and was treated with conservative management. He recovered uneventfully but developed these symptoms a month after the injury. He had no history nor symptoms of a food

allergy, so auriculotemporal nerve syndrome was suspected. We performed a provocation test. As soon as the patient bit into a slice of lemon, erythema and sweating appeared on the auriculotemporal region (Picture). We therefore confirm the diagnosis of auriculotemporal nerve syndrome, also known as Frey's syndrome or gustatory sweating. With this diagnosis, he felt more at ease and selected no treatment. This syndrome can develop after a wide variety of insults, such as trauma, surgery or inflammation to the auriculotemporal nerve fibers. It is considered to be the result of misdirected regeneration of parasympathetic fibers onto sympathetic receptors supplying sweat glands instead of salivary glands (1).

The authors state that they have no Conflict of Interest (COI).

Reference

1. Dunbar EM, Singer TW, Singer K, Knight H, Lanska D, Okun MS. Understanding gustatory sweating. What have we learned from Lucja Frey and her predecessors? Clin Auton Res **12**: 179-184, 2002.

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