



Ramsay Hunt syndrome in 60 yr old female

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Abstract

We present a case of a 60-year-old female who presented with a complaint of discharge from the left ear, associated with severe pain and facial weakness. Upon examination, the patient was found to have vesicular lesions on the left ear canal and pinna, and a complete left-sided facial palsy. A diagnosis of Ramsay Hunt syndrome was made based on clinical features, which improved on treatment with methyl prednisolone & valacyclovir.

Keywords: Ramsay Hunt Syndrome; Facial palsy.

Introduction

Ramsay Hunt Syndrome (RHS), also known as herpes zoster oticus, is a rare viral condition that affects the facial nerve and the ear. It is caused by the varicella-zoster virus (VZV), the same virus responsible for chickenpox and shingles. RHS is characterized by a painful rash on the ear, face, neck, and mouth, as well as facial paralysis and hearing loss. It is named after James Ramsay Hunt, the American neurologist who first described the syndrome in 1907. RHS is a challenging condition to diagnose and manage, and prompt medical attention is necessary to prevent long-term complications. In this case report, we will discuss the symptoms, causes, diagnosis, and treatment options for Ramsay Hunt Syndrome.

Case Report

A 60 yr old female presented with left sided ear ache on day 1. There was no tinnitus or loss of hearing. On day 3 a vesicular eruption occurred around tragus (V3), external auditory meatus, ipsilateral left anterior 2/3rd of tongue (V and VII) & chin (V3). Rash was tender and blanched when palpated. She was diagnosed as herpes zoster and prescribed benzocaine gel, pregabalin, amoxiclav and acyclovir. On day 4-10 she developed earache and headache.

On day 12 she presented to us with partial left sided facial paralysis and was diagnosed as Ramsay Hunt syndrome (Figure 1).



Figure 1: Partial facial paralysis with absence of transverse forehead rhytides & lagophthalmos

The vesicular rash around tragus (V3), external auditory meatus, ipsilateral left anterior 2/3rd of tongue (V and VII) & chin (V3) had healed (Figure 2,3&4).



Figure 2: Healed lesion around tragus and external auditory meatus



Figure 3: Healed lesion on left side of tongue

Referral was made for ENT & Neurology consultation; she was started on prednisolone, valacyclovir and pregabalin was continued. Proper eye care was advised. She was reviewed after 30 days and there was complete resolution of symptoms.

Discussion

Ramsay Hunt syndrome (RHS) is a rare condition caused by reactivation of VZV in the geniculate ganglion of the facial nerve. It is characterized by a triad of symptoms including acute peripheral facial nerve palsy, auricular vesicles or erythema, and otalgia. RHS typically affects adults in their fifth to seventh decades of life, with a slight female preponderance¹.

In addition to the triad of symptoms, RHS can also present with other neurological symptoms such as vertigo, hearing loss, and tinnitus². The diagnosis of RHS is made based on clinical features, with laboratory confirmation by detection of VZV DNA in the ear discharge using PCR³.

Treatment of RHS includes antiviral therapy, typically with acyclovir or valacyclovir, as well as corticosteroids to reduce inflammation and edema around the facial nerve⁴. Early initiation of treatment is associated with better outcomes in terms of facial nerve recovery⁵.

In conclusion, RHS should be considered in patients presenting with a combination of facial palsy, auricular vesicles or erythema, and otalgia. Early diagnosis and treatment with antivirals and corticosteroids can improve outcomes in these patients.

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