

Ramsay Hunt Syndrome with Post Herpetic Neuralgia: A Case Report

Neha Verma¹ and Shilpi Gangwar²

^{1*} Senior Resident, Unit Of Oral Medicine And Radiology, Faculty Of Dental Sciences, Institute Of Medical Sciences , Banaras Hindu University, Varanasi, India.

^{2*} Senior Resident, Oral And Maxillofacial Surgery, Faculty Of Dental Sciences, King George Medical University, Lucknow, India.

Abstract

Ramsay hunt syndrome is a serious complication of varicella zoster virus. It causes significant long term damage. It is associated with triad of facial palsy, vesicular eruption in ear and otolgia. Other associated symptoms like vertigo and long term damage to hearing are also seen. Prompt treatment can reduce symptoms and prevent long term damage.

Keywords: ramsay hunt syndrome, otolgia, post herpetic neuralgia, facial palsy.

1. Introduction

Ramsay hunt syndrome is a rare complication of varicella zoster virus. Varicella zoster virus (VZV) is an alpha-herpes virus preferentially attacking the nervous system. It primarily causes chicken pox mostly children and lies latent in dorsal root ganglia, cranial nerve ganglia and autonomic ganglia thereafter. Reactivation after latency is seen in adults with declined cell mediated immunity and immunocompromised patients and is called Shingles Or Herpes Zoster.[1] Majority of the affected population is above 60 years of age or has a deficient immune status.[2] in shingles along with cutaneous vesicular eruptions associated complications like post herpetic neuralgia, vasculopathy, myelopathy, retinal necrosis, cerebellitis and zoster sine herpete can also occur.[1] seventh cranial nerve that is facial nerve paralysis in adjunct to external auditory meatus rash constitutes Ramsay Hunt Syndrome.[3] the present case is a typical Ramsay hunt syndrome demonstration all characteristic features.

2. Case report

A 68 year old female patient reported in the department with complaint of severe pain on right

side of face ,reduced mouth opening and discharge from right ear since 20 days. She gave history of vesicular eruptions on right side of face involving ipsilateral lip and palate region along with fever 1 month back. Thereafter She reported weakness of facial muscles of right side. There was failure to close right eye, deviation of mouth to left ,vertigo, pus discharge and tinnitus in right ear. Later she developed unilateral, lacinating pain on right side of face radiating to temple. On extraoral examination there was facial nerve palsy mouth was deviated to the left side, with inability to close right eye.[fig.1]



Fig.1 Deviation of mouth to unaffected side with failure to close right eye.

Lesions were seen near the tragus and pinna of right ear with discharge from right external auditory canal.[fig.2]



Fig.2 Discharge from right external auditory meatus

The skin over right scalp and temple was hypopigmented which was suggestive of healing tissue. There were encrustations on lower lip, which bled on palpation, lower lip was indurated and tender. Based on clinical findings diagnosis of Ramsay Hunt Syndrome with post herpetic neuralgia was made. Patient was put on Acyclovir (800mg) five times/day for 10 days, tramadol(37.5mg)+ acetaminophen (325mg) combination for pain relief and pregabalin(75mg)+methylcobalamin for neuropathy, artificial tears for lubrication of eye. Patient reported improvement in symptoms after 10 days.

3. Discussion

Ramsay hunt syndrome is a complication of varicella zoster virus causing facial palsy, vesicular eruptions in ear, palate and tongue in a single dermatome. Clinically facial drooping, widening of palpebral fissure reduced smile on the affected side with dull, aching pain are characteristically present. Allodynia, Otagia and vertigo are also reported.³ in our patient all features were present along with post herpetic neuralgia. Atypical herpes zoster known as Herpes Zoster Sine Herpete is associated with facial palsies without any vesicular eruptions.[4] Prompt treatment with antivirals acyclovir, valacyclovir and famcyclovir is known to reduce the duration, symptoms and long-term damage by the varicella virus.[5] in case of suspected long term facial paralysis and hearing loss combination therapy of antiviral (800mg) five times/day for 10 days and steroid 1mg/kg/day for 5 days and tapered

thereby are suggested to be effective if given within 72 hours of first symptoms.[6]

4. Conclusion

Ramsay hunt syndrome is a morbid condition. Patients with multiple dermatome involvement should be checked for immunosuppression. It can be a possible etiology in facial palsies and should be considered in making diagnosis

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