

Images in clinical medicine



Ramsay-Hunt syndrome



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A 27-year-old man consulting in the emergency room for an acute facial paralysis with deafness and vertigo for 4 days. Physical examination shows clustered vesicles in the external auditory canal without any oral involvement. Laboratory investigations and computed tomography imaging were unremarkable. Thus, we diagnosed herpes zoster ophthalmicus (RHS, type 2). Treatment consists in the combination of antiviral drugs (valaciclovir 3 g/day) and corticosteroids (methylprednisolone 80 mg/day) with topical antibiotics for

crusty lesions of the ear. The patient was finally referred to the otorhinolaryngology department for the management of facial paresis. Ramsay Hunt syndrome (RHS) is a localized herpes zoster infection involving the seventh nerve and geniculate ganglia, resulting in hearing loss, vertigo, and facial nerve palsy and remains one of the major causes of atraumatic peripheral facial paralysis. Immunodeficiency states, particularly HIV infection, should be considered in younger patients, severe cases and patients with a history of specific risk behavior. In our patient, HIV serology was negative.



Figure 1: A) peripheral facial paralysis with deviation to the left (yellow arrow) and Bell's phenomenon (red arrow); B) crusted vesicles in the ear (Ramsay-Hunt area) (red arrow)