

Atypical Ramsay Hunt Syndrome

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Figure 1. Skin lesion of varicella zoster virus (VZV) infection with CN V2,V3, C2,C3 dermatomal involvement (arrow head). Mouth angle drooping of left side is also demonstrated.



Figure 2. Erythematous vesicles with scarring of varicella zoster virus (VZV) infection in auricle and external auditory canal (arrow head)

Abstract

Ramsay Hunt syndrome (RHS) is the reactivation of herpes zoster in the geniculate ganglion and typically presents the triad of ipsilateral peripheral type facial paralysis, ear pain, and erythematous vesicles in the external auditory canal and auricle. However, some unusual variants may occur. Here we present a patient of atypical RHS with uncommonly extensive dermatomal involvement of cranial nerve (CN) V2 and V3 and cervical roots, C2, C3 in addition to CN VII and VIII involvement.

Key Words: Ramsay Hunt syndrome, zoster

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INTRODUCTION

Main Text

The 69-years-old previously healthy woman was hospitalized due to left facial weakness, left ear pain and skin eruptions in left lower face and upper lateral neck. She had prodromes of fever, general malaise, and dizziness in preceding 3 weeks. On physical and neurologic examinations, we noticed peripheral type left facial palsy and papules/vesicles in dermatomes of left CN V2, V3, VII, C2 and C3 (Figure 1 and 2). She was treated with intravenous acyclovir, oral steroid and gabapentin with modest effectiveness. RHS is the reactivation of herpes zoster in the geniculate ganglion and typically presents the triad of ipsilateral peripheral type facial paralysis, ear pain, and erythematous vesicles in the external auditory canal and auricle⁽¹⁾. However, there can be some unusual variants, including polycranial neuropathy and cervical sensory ganglia involvements. Multiple cranial nerve involvements are often reported in immunocompromised patients, such as liver transplantation, renal transplantation and diabetes mellitus⁽²⁻⁴⁾. One hospital-based retrospective study demonstrated that 3.2% of cases of RHS have multicranial nerve involvement and their recovery from facial paralysis is worse than those without multicranial nerve involvement⁽⁵⁾. Prognosis of cranial nerve damage

depends on the time at which acyclovir-corticosteroid therapy is started⁽⁶⁾.

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