

Ramsay Hunt syndrome

- The strict definition of the Ramsay Hunt syndrome is peripheral facial nerve palsy accompanied by an erythematous vesicular rash on the ear (zoster oticus) or in the mouth.
- Other frequent symptoms and signs such as tinnitus, hearing loss, nausea, vomiting, vertigo, and nystagmus.
- Compared with Bell's palsy (facial paralysis without rash), patients with Ramsay Hunt syndrome often have more severe paralysis at onset and are less likely to recover completely. Studies suggest that treatment with prednisone and acyclovir may improve outcome, although a prospective randomised treatment trial remains to be undertaken. In the only prospective study of patients with Ramsay Hunt syndrome, 14% developed vesicles after the onset of facial weakness. Thus, Ramsay Hunt syndrome may initially be indistinguishable from Bell's palsy.
- Some patients develop peripheral facial paralysis without ear or mouth rash, associated with either a fourfold rise in antibody to VZV or the presence of VZV DNA in auricular skin, blood mononuclear cells, middle ear fluid, or saliva. This indicates that a proportion of patients with "Bell's palsy" have Ramsay Hunt syndrome zoster sine herpette. Treatment of these patients with acyclovir and prednisone within 7 days of onset has been shown to improve the outcome of recovery from facial palsy.
- Although this hypothesis remains valid, contiguous cranial neuropathies can also be explained based on the selective vulnerability of blood vessels to varicella zoster virus (VZV) and the blood supply from small branches of the carotid artery, middle meningeal, and ascending pharyngeal system to cranial nerves. For example, the ascending pharyngeal artery supplies the glossopharyngeal, vagal, accessory, and hypoglossal nerves, and a branch of the middle meningeal artery supplies the facial nerve as well as the maxillary and mandibular branches of the trigeminal nerve. Transaxonal spread of VZV from one or more cranial nerve ganglionic afferent fibres to the vasa vasorum of cranial nerves could produce infarction with resultant zoster polyneuritis cranialis.
- Ramsay Hunt syndrome is the second most common cause of atraumatic peripheral facial paralysis.

- The history and neurological examination remain the bases for diagnosing Ramsay Hunt syndrome. Examination of CSF and gadolinium enhanced MRIs have had no diagnostic or prognostic value. Polymerase chain reaction (PCR) to detect VZV in exudates from the geniculate zone of the ear is more sensitive than VZV PCR performed on tears or blood mononuclear cells.



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