RAMSAY-HUNT SYNDROME - AN UNUSUAL PRESENTATION (Case Report)

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MJAFI 1999 : 55 : 65-66

KEY WORDS: Geniculate ganglion, Varicella zoster.

Introduction

Ramsay-Hunt Syndrome (Geniculate Zoster) is an acute infection of the geniculate ganglion in the path of VII cranial nerve (facial nerve) by the varicella zoster virus. This classically affects the tongue, anterior faucial pillars, external auditory meatus and gradually progresses to involve the motor component of the VII nerve [1-4]. We present an unusual case where geniculate zoster progressed typically in the early stages and then involved the maxillary and ophthalmic division of the V cranial nerve resulting in neurotrophic keratitis [5].

Case Report

A 66-year-old, known diabetic and hypertensive, reported with complaints of severe pain in the left of the head and discharge from the left ear. He was initially treated as a case of acute suppurative otitis media and was given oral antibiotics and analgesics. As the symptoms continued to persist, he was referred to the otolaryngologist four days later. By this time he had developed vesicular eruptions on the left half of the tongue, left upper half of the face and nasal obstruction of the left side. The patient was clinically diagnosed a case of Ramsay-Hunt syndrome and was advised oral acyclovir 800 mg x 5 days, Tab Brufen 2 TDS x5 days and local application of mucaïne gel.

While on treatment he developed pain and distortion of left half of the face with inability to close left eye. At this juncture an ophthalmic referral was sought and he gave history of having suffered iridocyclitis both eyes on separate occasions. On examination he was found to have left facial nerve palsy of lower motor neurone type with adequate corneal coverage on closing the eye. The eruption on the left upper half of the face was interestingly limited to the territory of ophthalmic and maxillary divisions of Vth nerve. Ocular examination at this stage did not reveal any abnormality and the same treatment was continued with an additional Chloromycetin eye ointment prescribed for the night. However, the next day the patient reported back with complaints of pain, watering and redness in the left eye. The left eye was found to have conjunctival congestion, marginally edematous hypoaesthetic cornea and a few old keratic precipitates on slit-lamp examination. The pupillary reaction was brisk directly and consensually. The intraocular pressure was normal and fundus examination did not reveal any abnormality. The patient was suspected to be developing neurotrophic keratitis of the left eye and therefore a tarsor-

raphy was done. The pain and watering subsided within twenty four hours of the tarsorraphy without any topical medication. The facial eruption and aural discharge subsided but the facial palsy persisted. Tarsorraphy was in place for over one month and thereafter the medial section was incised. At the time of writing the patient has no ocular complaints except inability to close left eye due to residual facial palsy. Fortunately there is no evidence of an exposure keratitis as the Bell's phenomena is adequate.

Discussion

Ramsay-Hunt Syndrome or geniculate zoster is an acute infection of geniculate ganglion due to reactivation of dormant varicella-zoster virus. This reactivation occurs most often in the elderly or immuno-compromised. It usually manifests as pain in the ear and the mastoid region which radiates to the anterior faucial pillars and vertex. Vesicular eruptions appear most often in the external auditory faucial pillars and less often on the anterior two-thirds of the tongue if the chorda-tympani gets involved. This may result in loss of taste. Almost invariably the infection spreads to the facial nerve trunk causing facial paralysis often associated with clonic facial spasm. The eighth nerve may also become involved resulting in deafness and vestibular disturbances.

Though affliction of other cranial nerves has been reported, we have not come across literature reporting simultaneous involvement of trigeminal nerve and geniculate ganglion. The possible explanation in this case could be that the patient harboured the dormant virus in both geniculate and gasserian (V nerve) ganglia which coincidentally reactivated together thus resulting in Ramsay-Hunt syndrome with herpes zoster ophthalmicus.

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