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SÍNDROME DE RAMSAY HUNT: REPORTE DE CASO EN EL SERVICIO DE OTORRINOLARINGOLOGÍA

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ABSTRACT

Ramsay Hunt syndrome, described by James Ramsay Hunt in 1907, results from the reactivation of the Varicella-Zoster virus in the geniculate ganglion of the facial nerve. The condition is characterized by the classic triad of otalgia, vesicular eruption in the pinna or external auditory canal, and ipsilateral peripheral facial paralysis. It may also present with cochleovestibular symptoms, including sensorineural hearing loss, vertigo, and tinnitus, due to involvement of the vestibulocochlear nerve (cranial nerve VIII).

Keywords: Peripheral Facial Paralysis. Ramsay-hunt Syndrome. Varicella-zoster Virus. Otology.

RESUMO

A síndrome de Ramsay Hunt, descrita por James Ramsay Hunt em 1907, resulta da reativação do vírus Varicella-Zoster no gânglio geniculado do nervo facial. A condição caracteriza-se pela tríade clássica de otalgia, erupção vesicular no pavilhão auricular ou meato acústico externo e paralisia facial periférica ipsilateral. Além disso, pode cursar com sintomas cocleovestibulares, incluindo hipoacusia neurossensorial, vertigem e zumbido, em decorrência do envolvimento do nervo vestíbulo-coclear (VIII par craniano).

Palavras-chave: Paralisia Facial Periférica. Síndrome de Ramsay-hunt. Virus Varicella-zoster. Otologia.

RESUMEN

El síndrome de Ramsay Hunt, descrito por James Ramsay Hunt en 1907, se debe a la reactivación del virus de la varicela-zóster en el ganglio geniculado del nervio facial. Se

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caracteriza por la tríada clásica de otalgia, erupción vesicular en el pabellón auricular o conducto auditivo externo y parálisis facial periférica ipsilateral. También puede presentarse con síntomas cocleovestibulares, como hipoacusia neurosensorial, vértigo y acúfenos, debido a la afectación del nervio vestibulococlear (VIII par craneal).

Palabras clave: Parálisis Facial Periférica. Síndrome de Ramsay-hunt. Virus de la Varicela-zóster. Otología.

1 INTRODUCTION

Ramsay Hunt syndrome, described by James Ramsay Hunt in 1907, results from the reactivation of the Varicella-Zoster virus in the geniculate ganglion of the facial nerve. The condition is characterized by the classic triad of otalgia, vesicular eruption in the pinna or external acoustic meatus, and ipsilateral peripheral facial paralysis. In addition, it may present with cochleovestibular symptoms, including sensorineural hearing loss, vertigo, and tinnitus, due to the involvement of the vestibulocochlear nerve (VIII cranial nerve).

The disease represents one of the main causes of non-traumatic peripheral facial paralysis, and is considered to have a worse prognosis when compared to Bell's palsy. Early institution of antiviral therapy in combination with systemic corticosteroids is critical to optimize clinical outcomes and reduce the risk of permanent sequelae.

2 CASE REPORT

A 46-year-old female patient, previously healthy, sought care at our service on the second day of symptom evolution. She reported intense otalgia on the right, with sudden onset, associated with ipsilateral hypoacusis and progressive facial asymmetry.

Physical examination showed:

- Grade IV peripheral facial paralysis on the House-Brackmann scale;
- Erythematous vesicles in the right external auditory canal and pinna;
- Otoscopy: intact tympanic membrane, with no signs of acute otitis media or other phlogistic signs;
- Caloric test and clinical vestibular examination: no vertigo triggered.

Complementary tests were requested:

- Pure tone threshold audiometry: moderate sensorineural hearing loss on the right
- Routine laboratory tests: no relevant changes.

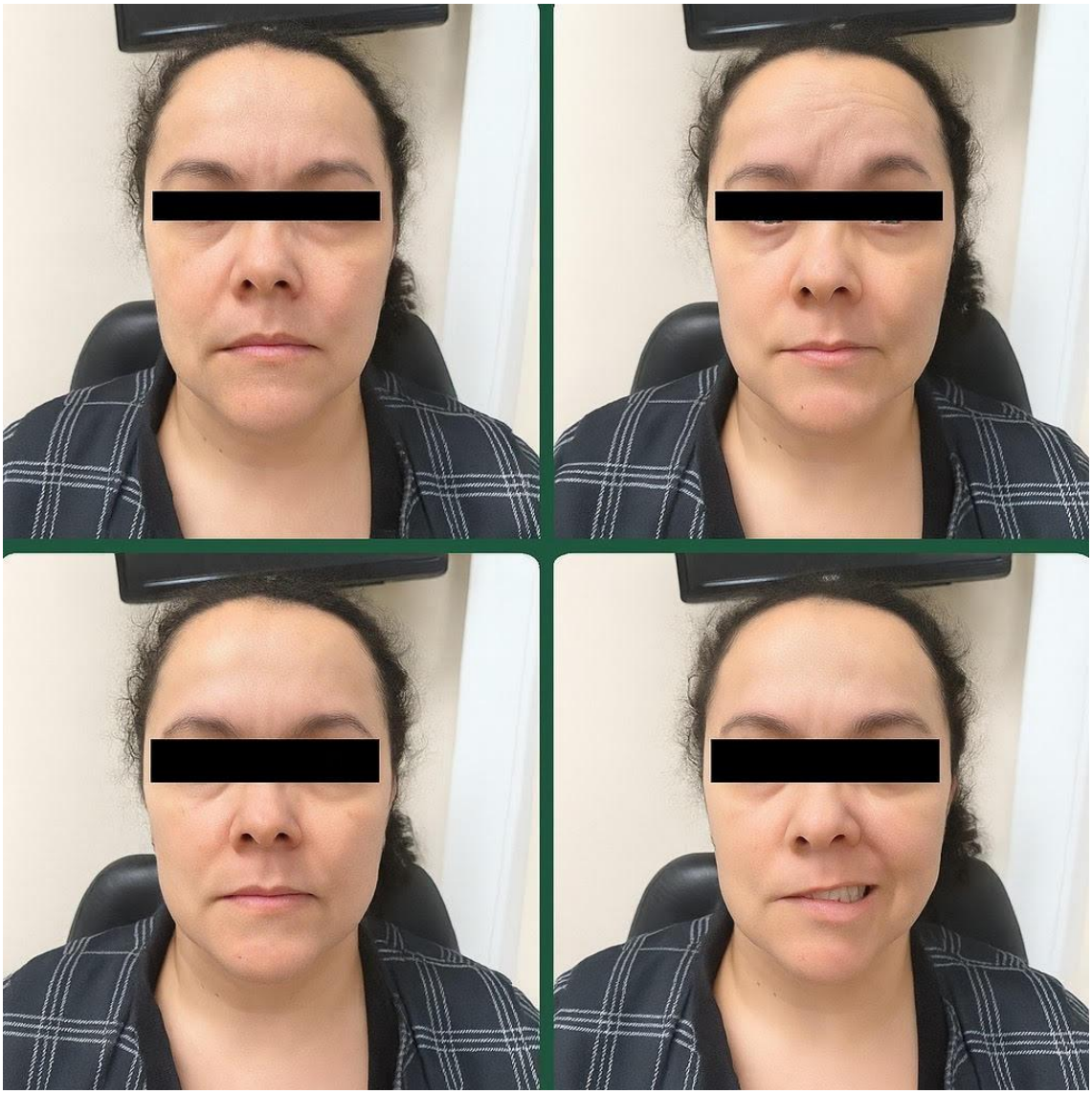
The diagnosis of Ramsay Hunt syndrome was established clinically, based on the typical picture.

The treatment consisted of:

- Prednisolone 1 mg/kg/day (full dose for 7 days), followed by progressive weaning;
- Valacyclovir 1 g every 8 hours, for 7 days;
- Analgesia with dipyrone and tramadol as needed;
- Eye protection with lubricating eye drops and tampon during sleep.

The patient presented progressive improvement of pain in one week and partial recovery of facial expression after three weeks of follow-up.

Figure 1



3 DISCUSSION

Ramsay Hunt syndrome predominantly affects adults, and is rare in children. The involvement of the VII cranial nerve explains the facial paralysis, while the anatomical proximity to the VIII cranial nerve justifies auditory and vestibular symptoms.

Functional recovery depends on factors such as time between symptom onset and start of treatment, initial degree of facial paralysis, and age of the patient. Studies have shown that early use of antivirals (acyclovir or valacyclovir) plus corticosteroids significantly increases the rate of complete recovery.

In the present case, the diagnosis was established early, on the second day of symptoms, and combined therapy was instituted immediately, which favored a satisfactory clinical evolution, although with initial partial recovery of facial function.

4 CONCLUSION

The present report reinforces the importance of early diagnosis and immediate institution of combined therapy with corticosteroids and antivirals in patients with Ramsay Hunt syndrome. Rapid clinical recognition of the pathology as well as its initial treatment is essential to reduce sequelae and improve functional prognosis.

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