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Ramsay Hunt Syndrome: A clinical case

Síndrome Ramsay Hunt: un caso clínico

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Fig. 1 Fig. 2

We present a 77-year-old man with no relevant history or habitual medication. He went to the Emergency Department because of dysphagia, left hemicranial pain and facial palsy on the same side. On physical examination, he had, on the left: peripheral facial paresia (Fig. 1, arrows), pinna perichondritis (Fig. 2) and vesicular lesions on the scalp, ear (Fig. 2, arrows), tongue and palate (Fig. 3, arrows), compatible with herpetic lesions. We asked for Otorhinolaryngology collaboration due to Ramsay-Hunt Syndrome, an acute peripheral facial neuropathy caused by varicella zoster virus reactivation in the geniculate ganglion. The patient was discharged and completed treatment with oral acyclovir and prednisolone, as well as gabapentin for pain control. In the subsequent follow-up consultations, although a permanent hearing loss was detected, palsy progressive improvement and herpetic lesions disappearance were confirmed.

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