



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## **HERPES ZOSTER OTICUS**

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BACKGROUND: Introduction: Ramsay hunt syndrome also termed as Hunt's Syndrome and herpes zoster oticus. It occurs in people who have had chickenpox and represents a reactivation of the dormant varicella-zoster virus in geniculate ganglion. If the virus reactivates and affects facial nerve, the result is Ramsay Hunt syndrome. It affects cranial nerves 7 and 8. It compresses the vestibulocochlear nerve and presents as a triad of: ipsilateral facial paralysis, Ear pain, Vesicles In auditory canal and auricle. Vertigo is also frequently seen. Case: 42/F came to OPD with c/c of ear discharge, ear pain, vertigo since 4 days. Pt was apparently alright 4 days back then complained of developing serosanguinous discharge asossciated with ear pain. Lesions were sudden in onset, progressive in nature gradually increased in intensity. Pain was of throbbing type and continuos in nature. After admission to hospital, patient developed deviation of mouth to left side and difficulty in deglutition on the same night.

Local examination : well defined multiple grouped vesicular lesions present over erythematous base over ear pinna , preauricular area and temporal area of scalp with multiple crusted lesions.

Patient was started on IV fluids, steroids, antiviral, antibiotics and analgesics. Steroid was continued for 2 months and lesions resolved.

OBSERVATION: It is a rare complication of herpes zoster and early treatment can prevent further damage to nerve.

KEY MESSAGE: Patients with Ramsay-hunt syndrome, when early diagnosed and treated, achieve high rates of complete recovery.





