Available online at www.sciencedirect.com

ScienceDirect

journal homepage: http://www.elsevier.com/locate/poamed

Original research article

Management of Ramsay Hunt syndrome among HIV patients: Our experience in a tertiary care hospital of eastern India

Santosh Kumar Swain [a,*], *Mahesh Chandra Sahu* [b], *Ishwar Chandra Behera* [c]

[a] *Department of Otorhinolaryngology, Institute of Medical Sciences and SUM Hospital, Siksha 'O' Anusandhan University, Odisha, India*

[b] *Central Research Laboratory, Institute of Medical Sciences and SUM Hospital, Siksha 'O' Anusandhan University, Odisha, India*

[c] *Department of Community Medicine, Institute of Medical Sciences and SUM Hospital, Siksha 'O' Anusandhan University, Odisha, India*

ARTICLE INFO

Article history:
Received 16 October 2015
Received in revised form
17 December 2015
Accepted 29 January 2016
Available online 2 March 2016

Keywords:
Ramsay Hunt syndrome
HIV
Facial palsy
Acyclovir

ABSTRACT

Introduction: Ramsay Hunt syndrome (RHS), also known as herpes zoster oticus as well as shingles of the geniculate ganglion, occurs due to reactivation of varicella zoster virus (VZV) within the geniculate ganglion and associated sensory nerves. Immunocompromised individuals like those with HIV infections are prone to RHS. HIV infections with RHS are at increased risk for disseminated infections, postherpetic neuralgia, neurological complications and recurrence of infections. Rapid diagnosis and treatment of this type of neurodermatologic condition is very crucial to avoid permanent complications. HIV patients with RHS have a poor prognosis if not treated early and adequately.

Aim: The aim of this study was to manage RHS patients in HIV positive cases in a tertiary care hospital of eastern India.

Material and methods: In this prospective study, six patients of RHS with HIV infections were reviewed, who presented during the period between 2012 and 2015.

Results and discussion: Out of six patients, four were male and two were female. All were adult patients whose ages were ranging from 25 to 54 years. All patients underwent thorough clinical examination before coming to diagnosis. All of our cases were recovered by our treatment protocol except case 3, who is still on follow-up with facial exercises.

Conclusions: Adequate awareness regarding early detection and management of RHS patients particularly among HIV positive cases is paramount among primary physicians.

* *Correspondence to*: Institute of Medical Sciences and SUM Hospital, Kalinga Nagar, Bhubaneswar 3, Odisha, India. Tel.: +91 955 652 4887.
E-mail address: santoshvoltaire@yahoo.co.in (S.K. Swain).

http://dx.doi.org/10.1016/j.poamed.2016.01.013

1. Introduction

Ramsay Hunt syndrome (RHS), also known as herpes zoster oticus, is an infection caused by varicella zoster virus associated with vesicles involving the pinna and presenting severe pain in and around the ear. In severe form, patient presents with lower motor neuron facial palsy, vestibular disturbance, sensorineural hearing loss and even viral encephalitis. RHS was first described by James Ramsay Hunt in 1907, which included facial palsy, inner ear dysfunction, ear pain, and vesicular rash.[1] Early diagnosis and prompt treatment of RHS in HIV patients in the prodromal phase by use of anti-viral drugs are probably the mainstay of its management. Several drugs have been described in RHS including corticosteroids, antiviral agents, vasodilators and vitamins. Here we are presenting six cases of RHS associated with HIV infections and with specific emphasis on its management. Even RHS is rare, and it is more commonly associated with immunocompromised conditions. As the incidence of HIV is growing, we may encounter more cases of RHS in future. RHS is often the first clinical manifestation in a HIV patient. It is very important for physicians to suspect, identify and manage RHS among HIV patients. The RHS usually affects elderly individuals and if seen in those of younger age, immunocompromised status such as HIV/AIDS may be suspected. Here, we present six cases of RHS associated with HIV infections.

2. Material and methods

We review six patients of RHS with HIV infections who presented during the period between 2012 and 2015, at the Outpatient Department of Otorhinolaryngology. Out of six patients, four were male and two were female. All were adult patients (age ranging from 25–54 years). All patients underwent thorough clinical examination before coming to diagnosis.

3. Results

Each case was discussed individually. Details are given in Table 1.

3.1. *Case 1*

A 53-year-old man, a known case of HIV infection, came to the Outpatient Department of Otorhinolaryngology with complaints of right side earache and right side facial weakness with House-Brackmann (HB) grading III since 3 days. He was unable to close the right eyelids (Fig. 1). The patient had numerous vesicles on the concha of the right side pinna and the external auditory canal wall was swollen (Fig. 2). He had vertigo and tinnitus in the right ear. He did not complain of ear discharge, nasal discharge, headache, weakness of the limbs or seizures. He had history of chicken pox 15 years back. Even he was a known case of HIV, not taking antiretroviral therapy. Tzanck smears from the pinna lesions showed giant cells (Fig. 3). He had moderate sensorineural hearing loss in right ear. His blood investigation showed $CD4^+$ count 232 cells/mm^3.

Fig. 1 – Patient showing right side lower motor neuron facial palsy.

3.2. *Case 2*

A 25-year-old boy presented to the Outpatient Department of Otorhinolaryngology for vesicular lesions on the left side

Table 1 – Details of diagnosed patients.

Case No.	Age, years	Gender	Facial palsy (HB grading)	Caloric test	Pure tone audiometry	Outcome
1	38	Male	Grade III	Hypofunction	Moderate sensorineural hearing loss	Completely recovered after 2 weeks
2	25	Male	Grade II	Hypofunction	Mild sensorineural hearing loss	Completely recovered after 2 weeks
3	32	Female	Grade IV	Hypofunction	Mild sensorineural hearing loss	Patient on follow-up
4	54	Female	Grade III	Hypofunction	Normal	Completely recovered after 3 months
5	48	Male	Grade II	Normal	Normal	Completely recovered after 2 weeks
6	29	Male	Grade-II	Hypofunction	Mild sensorineural hearing loss	Completely recovered after 2 weeks