

Case Report

Ramsay Hunt syndrome with facial vesicular rash: a unique clinical presentation in a kidney transplant patient

Carlos Abaeté de los Santos¹, Ivan Carlos Ferreira Antonello¹, Vicente Sperb Antonello², Florência Barreiro¹

¹ Pontificia Universidade Católica do Rio Grande do Sul (PUCRS) School of Medicine, Post-Graduation Program, Porto Alegre, Brasil

² Hospital Femina, Department of Prevention and Infection Control, Porto Alegre, Brasil

Abstract

Ramsay Hunt Syndrome (RHS) is the result of herpes zoster virus reactivation producing hearing loss, pain and vesicles in the ear or mouth, along with ipsilateral facial palsy due to the 7th cranial nerve geniculate ganglion infectious involvement. This condition has not been previously described, particularly in transplant patients. A 38-year old man underwent kidney transplantation and two years later experienced an ache on the left side of the face and hearing loss in the ear, also exhibiting vesicular lesions and concomitant facial peripheral palsy. Acyclovir IV was initiated, and the prednisone dose was increased. The patient was discharged 15 days later, feeling better but still exhibiting dark spots on his face. At three months follow-up he was asymptomatic, showing notable palsy improvement. Until this case, herpes zoster facial lesions causing typical RHS have never been reported in literature, particularly in kidney transplant patients.

Key words: Ramsay Hunt Syndrome; kidney transplant; herpes zoster virus.

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Introduction

Ramsay-Hunt syndrome is a peripheral facial nerve palsy accompanied by an erythematous vesicular rash on the ear or in the mouth. It is caused by herpes zoster virus (HZV) that affects the geniculate ganglion. The zoster oticus is the second most common cause of atraumatic peripheral facial paralysis [1]. HZV infection has long been recognized as occurring more commonly in immunocompromised individuals; however, reports of RHS in patients after transplantation are rare.

Case Report

A 38-year old man underwent cadaveric kidney transplantation after being on hemodialysis for 15 months for chronic renal disease of unknown etiology. Two years later he was taking cyclosporin 100 mg BID, mophetil mychophenolate 500 mg TID, and prednisone 5 mg/day when, suddenly, he started to feel a painful sensation in the leftside facial hemisphere and ear with concomitant progressive hearing loss, also exhibiting multiple vesicular facial lesions and thereafter peripheral palsy. A secondary superimposed bacterial infection was also detected inside the vesicles

(Figure 1). The patient was admitted to the hospital and was immediately given IV acyclovir 750 mg three times a day for 14 days, with prednisone increased to 60 mg/day. He also received oxacilin 2 g IV 4/4 hours for 10 days to treat the superimposed *Staphylococcus aureus* bacterial infection. Discharged 15 days after admission, he left the hospital asymptomatic, but with some dark spots still on his face (Figure 2). At three months follow-up he was asymptomatic, with no hearing problems or skin lesions, showing a notable palsy improvement (Figure 3).

Discussion

Ramsey Hunt is a rare syndrome produced by herpes zoster virus reactivation, being hardly ever seen in patients who undergo renal transplantation. So far only four cases of a vesicular rash in the external auditory canal and concha have been reported in the literature, but none with a facial vesicular commitment [2-5]. This syndrome typically includes a triad of ipsilateral facial paralysis, ear pain, and vesicles in the auditory canal and auricle. It is important to emphasize that herpes zoster skin lesions have never been reported on the face accompanying the syndrome in

renal transplantation patients until this time. This occurrence ultimately facilitated early recognition and treatment at the same time as enhancing the patient's prognosis.

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Corresponding author

Carlos Abaeté de los Santos MD, PhD
Department of Nephrology, Av. Ipiranga 6690, Porto Alegre, RS, Brazil, CEP 90610-000
Phone/Fax: 55-51-33367700
Email: abaete@puers.br

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Figure 1. Multiple vesicular injuries in the left facial side presenting crust lesions and secondary bacterial infection.



Figure 2. Improvement of the vesicular lesions with dark spots and facial peripheral palsy.



Figure 3. Improvement of the cutaneous lesions with complete recovery of the facial palsy.

