Pediatric Clinical Support:
Ramsay Hunt Syndrome

Ramsay Hunt syndrome can be broken down into three types, with type II being the most common. Type II is caused by the reactivation of herpes(varicella) zoster in the geniculate ganglion of the facial nerve, usually in an individual who has had the chicken pox virus. Anyone can get Ramsay Hunt, at any age, although it is more common in older individuals. The virus was first described by James Ramsay Hunt in 1907, and is also known as Hunt's Syndrome or herpes oticus zoster.

*Ramsay Hunt types I and III are less common, with type I being characterized by epilepsy, intention tremor, progressive ataxia, and (occasionally) cognitive impairment; type III is also known as Hunt's disease or Artisan's palsy, related to neuropathy of the deep palmar branch of the ulnar nerve. For the purposes of this paper, the focus will be on type II.

Characterized by:
Painful red rash on the face, facial nerve palsy, herpetic blisters in the external auditory canal, otalgia, hearing loss on the affected side, shingles on the face, vertigo, and tinnitus. Changes in taste perception and the inability to close the eye of the affected side have also been reported.

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Treatment:
Antiviral drugs, in conjunction with steroids, are the preferred method of treatment. The sooner the diagnosis of Ramsay Hunt, the sooner treatment can begin. Ideally, treatment should start no later than 7 days after the first signs of symptoms to prevent any long terms complications. Diazepam is suggested for those experiencing bouts of vertigo. If pain is severe enough, narcotics may be prescribed. If the eye on the affected side cannot fully close due to facial paralysis, an eye patch is necessary to prevent further damage, such as corneal abrasion.

Prognosis:
Recovery from Ramsay Hunt can last from weeks to months and is dependent on how quickly treatment begins. The greater the damage caused by the virus, the longer the recovery will take, and it is less likely that the individual will experience a full recovery from symptoms. Seventy percent of individuals who started treatment within three days of symptom onset had a full recovery. Children are more likely to make a full recovery than adults.

Audiological Considerations:
Ramsay Hunt can cause single-sided hearing loss that can range in severity. This can occur from the herpes zoster virus spreading to the 8th cranial nerve. It can either be temporary or become permanent, if treatment is not sought soon after the onset of symptoms.

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Emerging Research:
Most children who have been vaccinated for chicken pox will not be susceptible to Ramsay Hunt. Additionally, a shingles vaccine is available for individuals over the age of 60. These vaccines could lower the incidence rate of Ramsay Hunt type II.

Educational and Professional Considerations:
For the duration of symptoms, the educational audiologist and child's teacher(s) should encourage use of preferential seating, effective communication strategies, and temporary use of amplification in the classroom, if warranted. Use of hearing assistive technologies to improve the signal to noise ratio can help in complex listening environments. Those in daily contact with the child should be aware of the Ramsay Hunt diagnosis and the symptoms the child is exhibiting.

Online Support Sources:
www.ramsayhunt.org
http://www.experienceproject.com/groups/Have-Ramsay-Hunt-Syndrome/91992
http://www.facialparalysisfoundation.org/support-groups/
http://www.facialnervepalsy.com/support-groups-facial-palsy.php
http://www.biomedcentral.com/1756-0500/6/337

Online and other References:
http://www.mayoclinic.org/diseases-conditions/ramsay-hunt-syndrome/basics/definition/con-20029560
http://lessons4medicos.blogspot.com/2008/07/inflammation-of-ear-canal.html
http://www.nlm.nih.gov/medlineplus/ency/article/001647.htm
http://www.medicinenet.com/ramsay_hunt_syndrome/page2.htm
https://umm.edu/health/medical/ency/articles/ramsay-hunt-syndrome
http://emedicine.medscape.com/article/1166804-overview
http://www.medicalnewstoday.com/articles/191575.php
http://www.medscape.com/viewarticle/751118
Sweeney, CJ & Gilden JH. (2001). Ramsay Hunt syndrome. The Journal of Neurology, Neurosurgery, and Psychiatry, 71: 149-154. Accessed from: http://jnnp.bmj.com/content/71/2/149.full.pdf

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