

THE RAMSAY-HUNT SYNDROME OF VARICELLA-ZOSTER AETHIOLOGY

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The Ramsay-Hunt syndrome or the geniculated ganglion syndrome has a dominant ethiology the infection with the varicella-zoster virus and is clinically expressed by intense pains in the ear irradiating to the mastoid, oedema of the extern auditive conduct and the concha, the appearance of microvesicles in the extern auditive conduct in the auricular concha, vestibular disturbances (loss of hearing, acuphena, dizziness, vertigo,

troubles of equilibrium) facial paresis-the peripheric type, ipsolateral. The varicella zoster infection localised at the spynal ganglions and the Gasser ganglion (trigeminal herpeszoster) are well known. The localisation of the infection at the geniculated ganglion (the sensitive ganglion of the VIIth pair-bis) is unusual-that is why we present the clinical problems linked to this localisation. The ipsolateral facial palsy is produced by the varicella-zoster virus that affects the Schwann cells-facts proved by searches in immunofluorescence and electronic microscopy. The hystory of our patient: O.N. 27 years old, female is admitted in the clinic on the 6th day of illness, with the suspicion of othogenic meningitis. She present pain in the left ear, minimal othorhagy (on the first day), sensation of stifled ear, dizziness, nausea, repeated vomiting, fever. The presence of the facial asymmetry and the increase of headache determined the hospitalisation. At the objective examination we distinguished: moderate neck stiffness left facial palsy-peripheric type, left laterocervical microadenopaty, microvesicles in the extern auditive conduct, congested tympanum. CSF clear, Pandy positive, 30 cells/mmc, proteins 0,42 g‰, chlorides 7,32 g‰, glucose 55 mg‰. The clinical evolution was good. During the 23 days of hospitalisation the complains present at the admittance time disappeared.