CONDITION

Ramsay hunt syndrome

Ramsay Hunt syndrome is shingles affecting the facial nerve near one ear, causing facial weakness and often a painful blistering rash.

WHAT IT IS
Shingles affecting the facial nerve near one ear

BODY SYSTEM
Nervous system, ear, and skin

MAIN SYMPTOMS
Facial weakness, ear pain, ear blisters, hearing changes

WHAT CAUSES IT
Reactivated varicella-zoster virus

HOW IT IS DIAGNOSED
Clinical examination, sometimes blister-fluid testing

MAIN TREATMENT
Antiviral medicine, corticosteroids, pain relief, and eye protection

CAN IT BE CURED?
Sometimes - many recover, but nerve damage may remain

IS IT AN EMERGENCY?
Sometimes - facial weakness with stroke signs

LONG-TERM OUTLOOK
Recovery often takes months and may be incomplete

Overview

Ramsay Hunt syndrome happens when the virus that causes chickenpox and shingles affects the facial nerve close to one ear. It is a condition caused by reactivation of the varicella-zoster virus.

After chickenpox, this virus stays inactive inside nerves. Years later, it can become active again as shingles. In Ramsay Hunt syndrome, the inflammation is centred around the facial nerve, which controls movement on one side of the face.

The usual features are weakness or paralysis on one side of the face, severe ear pain, and a shingles rash around or inside the ear. "Paralysis" means that the muscles cannot move normally. Some people have facial weakness without a visible rash.

The inflammation may also affect nearby nerves involved in hearing and balance. This can cause hearing loss, ringing in the ear, dizziness, or a spinning sensation called vertigo.

Ramsay Hunt syndrome matters because facial weakness can prevent the eye from closing. An unprotected eye can become dry or injured. New facial weakness also needs prompt assessment because other conditions, including stroke and Bell's palsy, can look similar.

Treatment is usually started as soon as possible. Earlier treatment appears to give the facial nerve a better chance of recovery, although the available trial evidence is limited.

Symptoms

Symptoms usually affect one side of the face and the ear on that side. They may develop together or several days apart.

The main symptoms include:

Blisters may appear on the outer ear, inside the ear canal, on the eardrum, or inside the mouth. Mouth blisters can occur on the tongue or roof of the mouth.

The facial weakness can cause the eyebrow and corner of the mouth to droop. Speech may sound different, and drinking can be difficult because liquid leaks from the weak side.

Some people develop the nerve weakness before the rash. Others never develop visible blisters. This is sometimes called zoster sine herpete , meaning shingles without a rash. It can be difficult to distinguish from Bell's palsy.

- Weakness or loss of movement on one side of the face
- A painful rash of fluid-filled blisters in or around one ear
- Deep, burning, or sharp ear pain
- Difficulty closing one eye, smiling, or keeping food in the mouth
- Hearing loss, ringing in the ear, or increased sensitivity to sound
- Dizziness, poor balance, nausea, or vertigo
- Changes in taste or reduced saliva and tears

Causes and risk factors

Ramsay Hunt syndrome is caused by the same virus that causes chickenpox. Anyone who has previously had chickenpox can carry inactive varicella-zoster virus in their nerves.

The virus can later reactivate. Why this happens at a particular time is not always clear. The risk of shingles increases with age because immune control of the virus becomes less effective. A weakened immune system can also make reactivation more likely.

Factors linked with a higher risk of shingles include:

Ramsay Hunt syndrome is not inherited. Stress may occur around the time of shingles, but it is not usually possible to identify one specific trigger.

You cannot catch Ramsay Hunt syndrome from someone else. However, a person who has never had chickenpox or its vaccine can catch the virus through direct contact with shingles blister fluid. They would develop chickenpox, not Ramsay Hunt syndrome.

- Older age
- Medicines or treatments that suppress the immune system
- Conditions that weaken immune defences

Diagnosis

Ramsay Hunt syndrome is usually diagnosed from the pattern of symptoms and a physical examination. A clinician will look for one-sided facial weakness and examine the outer ear, ear canal, mouth, and eye for blisters or injury.

The examination may include checking whether you can raise your eyebrow, close your eye, smile, and move your lips. Hearing, balance, eye movements, and the strength of other parts of the body may also be checked.

If the diagnosis is uncertain, fluid or cells from a blister may be tested for varicella-zoster virus. A negative test does not always rule it out, especially if there is no rash or the blister has begun to heal.

Other tests may include:

There is no single routine test that confirms every case. Diagnosis may be harder when facial weakness begins before the rash or when there are no visible blisters.

- A hearing test if hearing has changed
- Balance testing for persistent vertigo or unsteadiness
- An eye examination if the eyelid does not close fully
- MRI or other imaging when symptoms are unusual or another cause is suspected

Treatment and management

Treatment commonly combines antiviral medicine with a corticosteroid like prednisone or hydrocortisone . Antivirals like acyclovir or oseltamivir act against varicella-zoster virus, while corticosteroids reduce inflammation around the facial nerve.

Examples of antivirals used for shingles include aciclovir, valaciclovir, and famciclovir. The choice and duration depend on clinical circumstances, including kidney function and immune health. Treatment should be prescribed after medical assessment.

Treatment is generally started promptly, often with the aim of beginning within 72 hours of symptom onset. It may still be considered later, particularly if new blisters are appearing or complications are present. Research trials are limited, so estimates of how much treatment improves recovery are uncertain.

Protecting the eye is a central part of care if the eyelid does not close. Management may include lubricating eye drops during the day, ointment at night, or a moisture chamber. Taping the eyelid closed may sometimes be recommended, but it needs to be done correctly so that the eye is not scratched.

Pain relief may be needed for ear pain or nerve pain. Persistent burning, electric-shock-like, or touch-sensitive pain may require medicine designed for nerve pain rather than standard painkillers alone.

Other support can include:

Do not force weak facial muscles through intense exercises without guidance. A clinician or therapist with experience in facial nerve conditions can recommend suitable movements and help manage later tightness.

- Anti-nausea treatment for severe vertigo
- Hearing assessment and hearing support
- Balance rehabilitation for ongoing dizziness
- Facial therapy for persistent weakness, tightness, or unwanted movements
- Ophthalmology care if the eye surface is at risk

Complications

Not everyone develops long-term problems, but recovery can be incomplete because the virus and inflammation may injure the facial nerve.

Possible complications include persistent facial weakness, altered facial expression, and

difficulty closing the eye. As the nerve heals, some fibres may connect to the wrong muscles. This can cause synkinesis , such as the eye closing when you smile or the mouth moving when you blink.

A partly open eyelid can allow the cornea, the clear front surface of the eye, to dry out. Without protection, this may lead to scratches, infection, scarring, or reduced vision.

Other possible complications are:

Rarely, the virus can affect other parts of the nervous system. This is more likely to be a concern in someone with a severely weakened immune system or widespread shingles.

- Persistent hearing loss or tinnitus
- Long-lasting vertigo or poor balance
- Ongoing pain after the rash heals, called postherpetic neuralgia
- Changes in taste, tears, or saliva
- Anxiety or reduced confidence related to facial changes

Prevention

Ramsay Hunt syndrome cannot always be prevented. It results from reactivation of a virus already present after chickenpox, and there is no reliable way to predict when reactivation will happen.

Shingles vaccination reduces the risk of shingles and its complications. It does not guarantee that Ramsay Hunt syndrome will never occur. Eligibility and timing are based on age, immune health, previous vaccination, and the vaccination programme where you live.

The chickenpox vaccine helps prevent the initial varicella infection. It is mainly relevant before a person has had chickenpox.

If you currently have blisters, keep them covered where possible and avoid scratching them. Wash your hands after touching the affected area. Until the blisters have dried and crusted, avoid direct contact with people who may be especially vulnerable to chickenpox, including newborn babies, pregnant people without immunity, and people with severely weakened immune systems.

Living with it and what to expect

The rash commonly heals over several weeks. Ear pain may settle with the rash or continue as

nerve pain. Facial nerve recovery usually takes longer and may continue over several months.

Some people regain most or all facial movement. Others have lasting weakness, tightness, or synkinesis. Recovery is generally more likely when the initial weakness is partial rather than complete, but no early finding can promise an individual outcome.

Hearing and balance symptoms may improve at a different rate from facial movement. Persistent vertigo can affect walking, work, and driving. Balance rehabilitation can help the brain adjust to altered signals from the inner ear.

Routine follow-up may include checking facial movement, eye closure, hearing, and balance. If recovery is incomplete, longer-term care may involve an ear, nose, and throat specialist, neurologist, eye specialist, audiologist, or facial therapist.

Facial changes can affect eating, speech, social confidence, and mood. These effects are real even when other people consider the condition cosmetic. Rehabilitation and emotional support can be useful while recovery continues.

When to get medical help

Seek same-day medical assessment for new one-sided facial weakness, a painful blistering rash around the ear, or an inability to close one eye. These symptoms need prompt diagnosis and eye protection, and treatment may be time-sensitive.

Get urgent help if your eye becomes red, painful, very sensitive to light, or develops blurred vision. These symptoms may mean the cornea is being injured.

Seek urgent medical advice for rapidly worsening hearing, severe vertigo, repeated vomiting, a spreading rash, or symptoms occurring while your immune system is severely weakened.

Call emergency services if facial drooping occurs with possible stroke signs, such as:

Routine follow-up is appropriate for slow recovery, ongoing facial tightness, persistent pain, tinnitus, or balance problems that are not suddenly worsening.

- Weakness or numbness in an arm or leg
- New difficulty speaking or understanding speech
- Sudden severe headache
- Confusion, collapse, or marked difficulty walking

Common questions

Is Ramsay Hunt syndrome the same as Bell's palsy?

No. Both can cause sudden weakness on one side of the face. Ramsay Hunt syndrome is caused by varicella-zoster virus and often includes ear pain, blisters, hearing changes, or vertigo. Bell's palsy has no visible shingles rash and is diagnosed after other causes are considered.

Is Ramsay Hunt syndrome contagious?

The syndrome itself is not contagious. Someone without immunity can catch varicella-zoster virus by touching fluid from the blisters. They would develop chickenpox rather than facial paralysis or Ramsay Hunt syndrome.

Can Ramsay Hunt syndrome happen without a rash?

Yes. Facial weakness and ear pain can occur before the rash, and some people never develop visible blisters. Without a rash, the condition can resemble Bell's palsy and may be harder to identify.

How long does Ramsay Hunt syndrome last?

The blisters often settle within a few weeks, but nerve recovery usually takes months. Pain, weakness, hearing changes, or balance symptoms may last longer. Some people have permanent effects.

Will my face return to normal?

Many people improve, but complete recovery cannot be guaranteed. The amount of initial nerve damage, the severity of weakness, age, and how quickly treatment begins can influence recovery.

Can I drive with Ramsay Hunt syndrome?

Do not drive if vertigo, poor balance, blurred vision, incomplete eye closure, or facial weakness prevents safe control of the vehicle. Check local driving rules and wait until you can see clearly and move your head without disabling dizziness.

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