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RIVIERA ENT

This information handout is provided for general medical knowledge only. It may or may not relate to your specific medical condition and it does not constitute individualized medical advice.

Ramsay Hunt Syndrome

Ramsay Hunt syndrome (RHS), also known as herpes zoster oticus, is a rare yet severe condition that causes facial weakness or paralysis and a rash on the outer ear. The same virus that causes chickenpox and shingles, the varicella zoster virus, can spread and affect the facial nerve, which controls movement of each side of the face. The virus also causes the ear to break out in a serious, painful rash.

What Are the Symptoms of RHS?

Symptoms of RHS all occur on the same side of the face but may not occur at the same time. They include:

- Decreased movement of one side of the face
- Painful rash with fluid-filled blisters on the ear skin and ear canal
- Hearing loss, ringing in the ear
- Vertigo
- Dry mouth, dry eyes
- Change in taste

What Causes RHS?

RHS is caused by a reactivation of the herpes zoster virus that may have caused chickenpox in childhood. This virus stays in the body and can attack the nerve that controls facial movements and the sensory nerve that supplies the face. This virus can also cause shingles, a stinging rash on one side of the body, in

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adults. RHS occurs in one out of every 20,000 people each year, usually in older adults but rarely in children. It can affect men and women equally.

What Are the Treatment Options?

Treatment for RHS includes antiviral therapies and corticosteroids. Starting these medications as soon as possible helps improve recovery. When symptoms are severe, these medications can be given intravenously (IV) in the hospital.

RHS can be a very painful condition, too. Pain control with multiple types of medications is important during treatment and even after the rash goes away and facial movement returns. Because patients have difficulty closing the eye due to facial nerve paralysis, eye moisturization and lubrication is very important. Medication for nausea and dizziness is also helpful during treatment to support recovery.

What Questions Should I Ask My Doctor?

1. Is my facial paralysis caused by RHS or by another condition?
2. Is my facial paralysis going to be permanent?
3. Will my hearing loss, ringing in the ear, and/or vertigo become permanent?
4. How can I protect my eye?
5. Will this virus cause permanent nerve fiber pain (postherpetic neuralgia) once it goes away?
How can I treat that?