

# Audiological profile of Ramsay Hunt Syndrome: A Case Study

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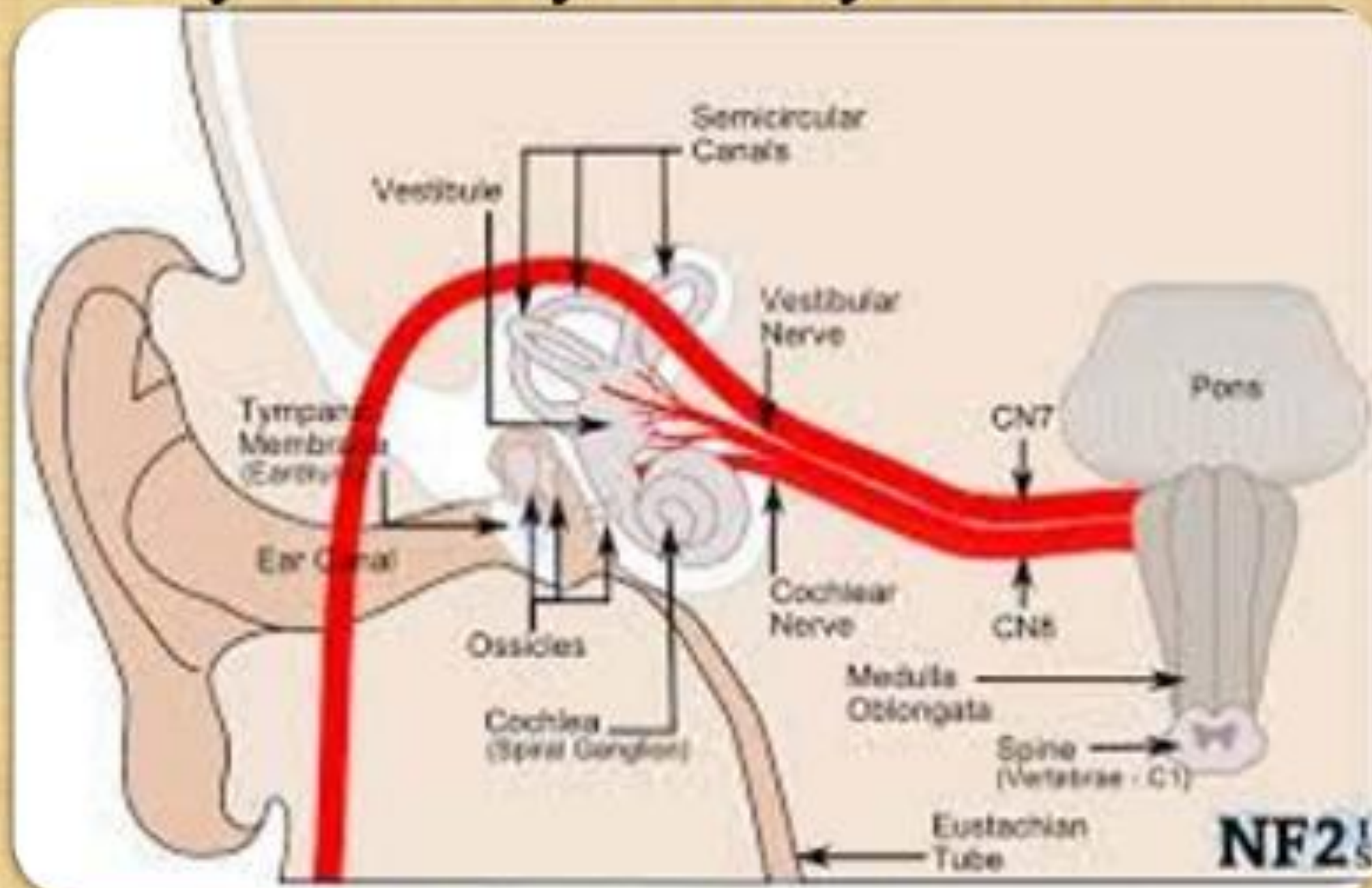


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## Introduction:

- Spread of **varicella-zoster virus** causes herpes zoster oticus in the ear.
- Herpes Zoster Oticus + Facial nerve Palsy = Ramsay Hunt syndrome



- Prevalence: 5 per 100,000
- Triad symptoms: **Ipsilateral otalgia, facial paralysis, and vesicular rash.**
- **Tinnitus, hearing loss, and vertigo.** (VIII CN involvement)

## Aim:

To profile the audiological characteristics of Ramsay Hunt Syndrome.

## Case History:

<b>Demographic details</b>	Name: XYZ Age/G: 31/female
<b>Presenting Complaint:</b>	C/O Reduced hearing in right ear for 3-4 days K/C/O Ramsay Hunt syndrome
<b>Difficult hearing situations:</b>	1. Telephone 2. Noise
<b>Ent Findings:</b>	Mild weakness of right orbicularis oris. FN palsy (Housebrackmann Grade I) <b>Otoscopy:</b> R: i. Tympanic membrane, Grade 1 retraction ii. Black scabs in conchal bowl. L: Tympanic membrane intact. <b>Medical management by ENT:</b> i. 4 Dexamethasone intratympanic steroid injections. ii. Tab. Valacyclovir (Antiviral)
<b>Tinnitus:</b>	+ For 3-4 days, continuous in nature
<b>Dizziness:</b>	+ For 2 days, 2 episodes encountered.
<b>Ear Pain:</b>	+ For 3-4 days
<b>Medical history</b>	No significant medical history



## Method

Assessments:	
Subjective	Objective
Pure tone audiometry	Auditory brainstem response
Speech audiometry	Otoacoustic emission
	Tympanometry
	Acoustic Reflexes



## Results:

(Right ear findings)

### I. Subjective assessments

	1 <sup>st</sup> test (18/10)	2 <sup>nd</sup> test (28/10)	3 <sup>rd</sup> test (24/11)	4 <sup>th</sup> test (8/12)
PTA	65	75	63.33	60
SRT	60	70	70	70
SDS	95	100	100	100
UCL	>100	>100	>100	>100

### II. Objective assessments

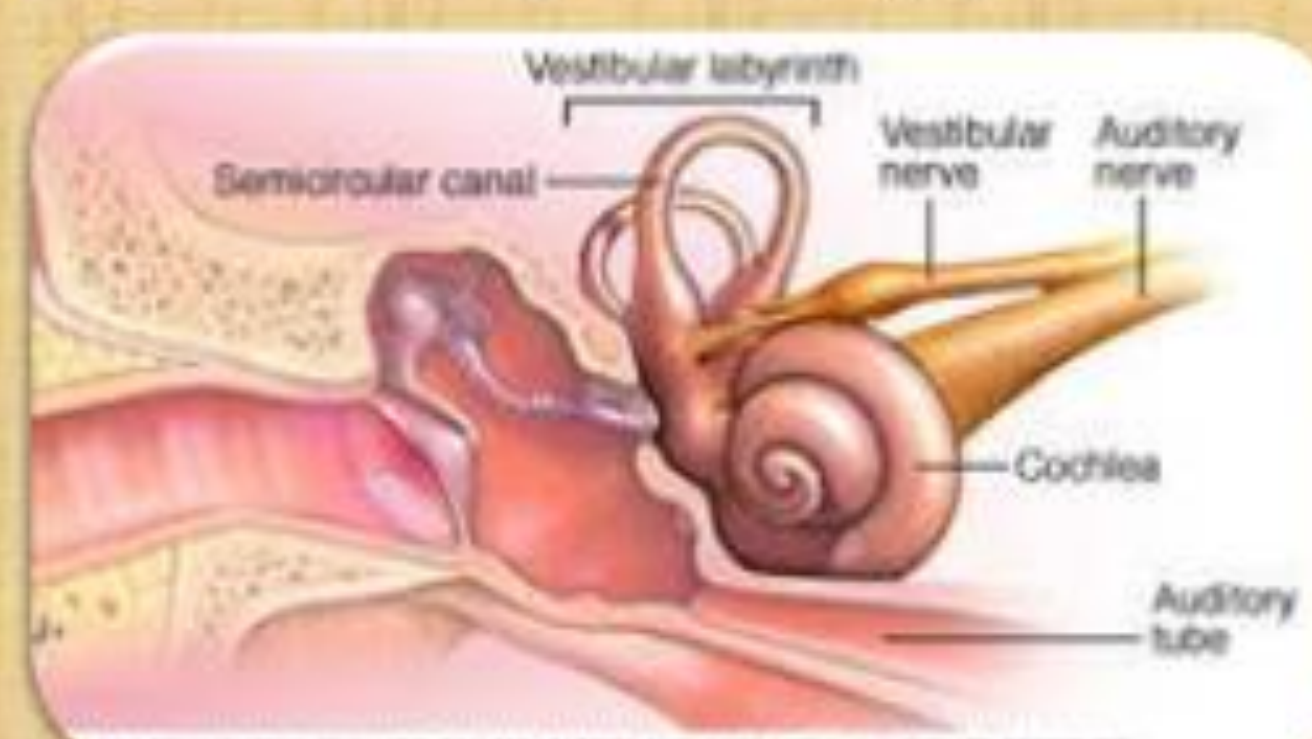
Test	Findings
ABR	No observable peaks at 80dBnHL
OAE	TEOAE and DPOAE absent
Tympanometry	B/L 'A' type tympanogram
Acoustic reflexes	1. 28/10 – Right ipsi and contra reflexes absent 2. 8/12 – Right ipsi reflexes present contra reflexes absent

## Discussion:

### I. Pathophysiology in varicella zoster virus

Can cause:

1. Cochlear pathology and/or
2. Retro-cochlear pathology



## II. Improvement in thresholds

Frequency specific comparison of AC thresholds:

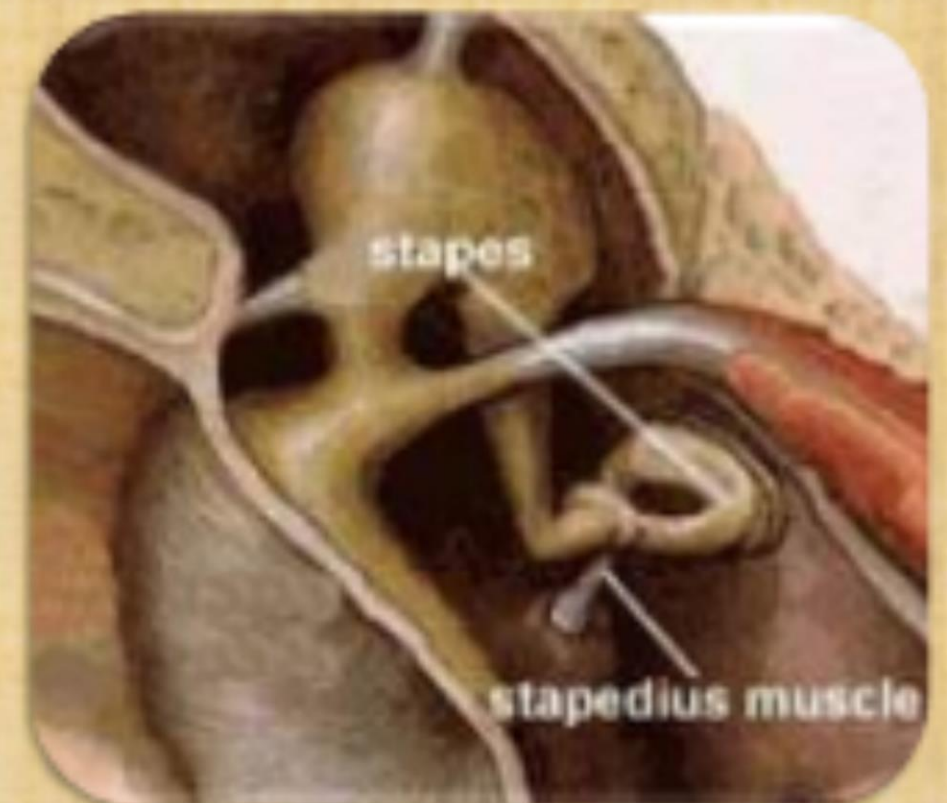
	1 <sup>st</sup> test (18/10)	2 <sup>nd</sup> test (28/10)	3 <sup>rd</sup> test (24/11)	4 <sup>th</sup> test (8/12)
1kHz	65	75	65	55
2kHz	70	70	65	65
4kHz	85	95	85	65
8kHz	85	80	95	65

- Average of **10dB improvement** in mid- high frequencies.



## III. Acoustic reflex thresholds

- Resolving of the facial nerve palsy may have restored the acoustic reflexes.



## IV. Cochlear Vs Retro-cochlear pathology

- The use of steroid therapy may have restored cochlear function.
- Vestibular function restored.



## Conclusion:

- Clinical entity causing sudden unilateral sensorineural hearing loss
- Timely evaluation, appropriate test battery is crucial in the prognosis of the condition.

## References:

