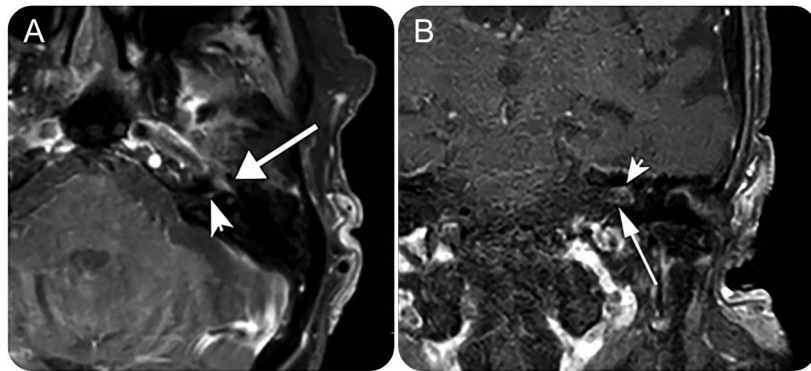


Teaching NeuroImages: Classic Ramsay Hunt syndrome and associated MRI findings

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Figure 1 Contrast enhancement of cranial nerves (CNs) VII and VIII in Ramsay Hunt syndrome



(A) Contrast enhancement of intracanalicular CN VII segment (arrowhead) and geniculate ganglion (arrow). (B) Contrast enhancement of intracanalicular segments of CN VII (arrowhead) and CN VIII (arrow). The contralateral CN VII and CN VIII appear normal.

An 85-year-old woman with dementia presented with left ear pain, vertigo, and mild left peripheral facial weakness of unclear chronicity. MRI demonstrated contrast enhancement of cranial nerves (CNs) VII

and VIII consistent with Ramsay Hunt syndrome (RHS)¹ (figure 1). She was treated with steroids and acyclovir. On evaluation 4 days later, she had developed the classic RHS triad of ear pain, ipsilateral facial

Figure 2 Clinical presentation of Ramsay Hunt syndrome



(A) Left facial paralysis with (B) encrusted vesicular rash in left ear.

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paralysis, and vesicular rash, plus hyperacusis and persistent vertigo (figure 2).²

In the appropriate setting, MRI demonstrating contrast enhancement of CN VII plus additional affected CNs (most commonly VIII) may allow diagnosis of RHS prior to onset of the classic vesicular rash.

AUTHOR CONTRIBUTIONS

Edward Labin: drafting of the manuscript, acquisition of data. Huseyin Tore: analysis and interpretation of data. Mohammed Alkuwaiti: acquisition of data, analysis and interpretation of data. Christopher Streib: critical revision of manuscript for intellectual content, study supervision.

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