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**Figure 1.** Lesions involving the patient's left ear.



**Figure 2.** Appearance of the patient's face, with a flattened left nasolabial fold and weakness of the left side of the mouth and left eyelid.

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A male patient aged 61 years presented to the emergency department with headache, left ear pain, and odynophagia. His physical examination revealed encrusted vesicular lesions and swelling in the left ear (Figure 1). The patient also had a flattened left nasolabial fold and weakness at the left side of the mouth and left eyelid, suggesting Bell's palsy (Figure 2).

*For the diagnosis and teaching points, see page 148.  
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## IMAGES IN EMERGENCY MEDICINE

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### DIAGNOSIS:

*Ramsay Hunt syndrome.* Ramsay Hunt syndrome was first described in 1907 by James Ramsay Hunt in a patient with otalgia related to cutaneous and mucosal rashes that he suggested were related to infection of the geniculate ganglion as a result of human herpes virus 3 (varicella zoster virus). The syndrome is defined as an acute peripheral facial neuropathy accompanied by erythematous vesicular rash in the ear canal, auricle (also termed herpes zoster oticus), or mucous membrane of the oropharynx.<sup>1,2</sup> It is generally more severe than a simple Bell's palsy and more likely to conclude with permanent sequelae and may be accompanied by multiple cranial nerve involvement.<sup>3</sup>

Antiviral agents and steroids are the common drugs used for the treatment of Ramsay Hunt syndrome. Corneal irritation and injury as a result of Bell's palsy should also be taken into consideration. Carbamazepine may be considered in the existence of idiopathic geniculate neuralgia.<sup>3,4</sup>

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