Varicella-zoster virus meningo-rhombencephalitis presenting as Ramsey Hunt

A 45-year-old woman on etanercept for rheumatoid arthritis presented with an acute right Bell palsy and auricular herpetic rash (Ramsey Hunt syndrome). Despite IV acyclovir, she developed headache, vertigo, severe vomiting, and evidence of a right peripheral audiovestibular loss (figure 1, A and B, video 1 on the Neurology® Web site at www.neurology.org). Ongoing symptoms indicated CSF examination, which showed a pleocytosis and positive varicella-zoster PCR, and an MRI that displayed abnormal brainstem signal (figure 2, A and B). Although there was unequivocal peripheral audiovestibular loss, the persistence of vertigo beyond 3 days is a red flag suggesting central involvement, here presumably resulting from the known effect of etanercept on impairing leukocyte migration into the brain.
Diego Kaski, MBBS, MRCP, Nicholas Davies, MBBS, MRCP, PhD, Barry M. Seemungal, MBBS, MRCP, PhD, London, UK

Author contributions: D.K. reviewed the clinical case and prepared the manuscript, figures, and video. B.M.S. and N.D. performed the clinical examination, commented critically on the manuscript, and B.M.S. approved its final version.

Acknowledgment: The authors thank Luca Seemungal for video editing. The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence & reprint requests to Dr. Seemungal: b.seemungal@imperial.ac.uk


Figure 2: Sagittal T2 (A) and coronal flair (B) MRI show high signal in the right rostrolateral medulla extending into the tegmentum of the adjacent pons, and involving the floor of the fourth ventricle (arrows).
Varicella-zoster virus meningo-rhombencephalitis presenting as Ramsey Hunt
Diego Kaski, Nicholas Davies and Barry M. Seemungal

Neurology 2012;79;2291-2292
DOI 10.1212/WNL.0b013e31827689c2

This information is current as of December 3, 2012