

Herpetic inflammation of multiple cranial nerves

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Dear Editor,

We read with great interest the paper of Morelli et al. [1] which described a patient with varicella-zoster reactivation from multiple unilateral cranial ganglia and/or nerves. This report is quite interesting as, to the best of our knowledge, such extensive involvement of cranial nerves V, VII, VIII, IX, X, XI and XII has not been previously reported. The authors referred to this condition as Ramsay–Hunt syndrome. We believe that referring to the above condition as Ramsay–Hunt syndrome is a misnomer as the classic Ramsay–Hunt syndrome did not include features of inflammation in the cranial nerves V, XI and XII. As a matter of fact, Hunt's original description of 1907 [2] only included the inflammation of sensory ganglia of the cranial nerves VII, VIII, IX and X (as cited in reference [3]). In general, Sharpe in 1915 [3] classified the herpes zoster cephalicus into five categories based on the pattern of

nerve affections: inflammation of the geniculate ganglia; inflammation of the geniculate ganglia with facial palsy and acoustic symptoms; inflammation of the auditory ganglia; inflammation of the glossopharyngeal and vagal ganglia; and herpes zoster facialis or occipitocollaris with facial palsy and/or auditory symptoms.

In conclusion, we believe that Ramsay–Hunt syndrome only represents a subgroup of “herpetic inflammation of multiple cranial nerves”. This also may be complicated by cervical nerve involvement as well [4, 5]. Hence, it is clear that a variety of clinical pictures far exceeding Ramsay–Hunt syndrome can be seen in herpes zoster cephalicus.

References

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