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Ramsay Hunt syndrome mimicking intra-canalicular acoustic neuroma on contrast-enhanced MR.

R E Anderson and J M Laskoff

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Abbreviated Reports

Ramsay Hunt Syndrome Mimicking Intracanalicular Acoustic Neuroma on Contrast-Enhanced MR

Case Report

A 46-year-old woman had left-sided otalgia, tinnitus, hearing loss, and headaches centered on the left eye. Left peripheral facial nerve palsy occurred 2 days later, and the facial pain worsened. Brainstem auditory evoked potentials, usually abnormal in cases of acoustic neuroma, were normal. An MR study with TR = 2000, dual echo, and a 10-mm axial screening procedure showed only a vague asymmetric increase in signal intensity in the left internal auditory canal, possibly attributable to volume-averaging differences on the two sides. A second study with TR = 1000, TE = 40, coronal images, and 5-mm slice thickness was done after a standard dose of gadopentetate dimeglumine was given IV. Good definition of the right and left internal auditory canals was seen on two adjacent sections, and bright enhancement was seen within the canal on the symptomatic left side (Fig. 1A).

The patient's pain lessened after she began prednisone therapy. Twelve days after her initial office visit, she noticed several small vesicles in her left external ear. After a week of therapy with acyclovir, some improvement in seventh nerve function was seen. The patient returned for a follow-up MR study 4 months after the initial examination. At that time, she said that the left-sided facial weakness had improved "95%" and that her hearing was better. Repeat contrast-enhanced coronal MR (1000/40, 5-mm slice thickness) showed only slight residual enhancement on the left side (Fig. 1B).

Discussion

Ramsay Hunt described a syndrome of facial palsy in combination with a herpetic eruption of the external auditory meatus with or without tinnitus, vertigo, and deafness [1]. Our case is atypical because signs related to impairment of the eighth nerve preceded the appearance of facial palsy. Daniels et al. [2] recently reported a case of surgically proved Ramsay Hunt syndrome that showed a subtle abnormality on unenhanced MR. We could not find any reports of abnormal contrast enhancement within the internal auditory canal associated with this syndrome. Herpes zoster infection should be added to the list of possible diagnoses when isolated intracanalicular enhancement is seen, especially when clinical data are atypical for acoustic neuroma.

Robert E. Anderson
Jeffrey M. Laskoff
Orlando Regional Medical Center
Orlando, FL 32806

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2. Daniels DL, Czervionke LF, Millen SJ. MR findings in the Ramsay Hunt syndrome. *AJNR* 1988;9:609

Fig. 1.—Ramsay Hunt syndrome mimicking intracanalicular acoustic neuroma. **A**, Composite of best two contrast-enhanced coronal MR images (1000/40) of right and left internal auditory canals (arrowheads) shows bright signal within left canal.

B, Follow-up MR images obtained 4 months later show only minimal residual enhancement within left canal (arrow).

