Varicella-zoster virus meningo-rhombencephalitis presenting as Ramsey Hunt

Figure 1 Audiovestibular investigations show a right pan-frequency sensorineural hearing loss (A) and complete canal paresis (B)

Supplemental data at
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Supplemental Data

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,¹ the persistence of vertigo beyond 3 days is a red flag suggesting central involvement,² here presumably resulting from the known effect of etanercept on impairing leukocyte migration³ into the brain.

Figure 2 Sagittal T2 (A) and coronal flair (B) MRI show high signal in the right rostralateral medulla extending into the tegmentum of the adjacent pons, and involving the floor of the fourth ventricle (arrows)

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