

Pictorial CME

LMN Type of 7th Cranial Nerve Palsy with Cutaneous Manifestations

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A fifty-year old long standing poorly controlled diabetic patient presented to PMR OPD for management of sudden onset right sided facial muscle weakness preceded by a febrile weakness for 3 days. On closed questionnaire he also complained about an earache along with burning sensation inside the oral cavity for last few days. When we examined the patient we saw a classical lower motor type of right sided 7th cranial nerve palsy with unilateral partial ptosis (Fig 1), deviation of angle of mouth (Fig 2), etc.

Then we noticed erythematous rashes along with few vesicles and pustules over his right pinna which was quite painful as per patient history (Fig 3) on inspection of oral cavity we also found a rash over his right side

of palate which was macular and vesicular in nature (Fig 4). On further examination 5th and 6th cranial nerve was normal along with normal corneal reflex but Rinne's and Weber test elicits a sensorineural type of deafness in the same side which was confirmed later on by audiometry.

We did a CT brain to rule out any CP angle pathology which was normal (Fig 5) hence the diagnosis of Ramsay Hunt Syndrome was established. Patient was managed conservatively with acyclovir short course of prednisolone and methylcobalamin. Patient responded well to the treatment and cured completely within 2 weeks of time without any residual disability.



Fig 1–
Right Sided 7th Cranial Nerve Palsy with Ptosis



Fig 2–
Deviation of Angle of Mouth



Fig 3–
Rashes over the Pinna



Fig 4–
Rash over Right Side of Palate



Fig 5–
CT Scan Normal

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Cite as:

Pramanik R. LMN type of 7th cranial nerve palsy with cutaneous manifestations. IJPMR March 2015; Vol 26(1): 23.