

Introduction

- Ramsay-Hunt Syndrome (RHS) is a rare condition with an incidence of 5 per 100,000 people per year, accounting for only about 7% of facial paralysis cases.
- Classic triad includes otalgia, ipsilateral facial paralysis, and painful auricular vesicles.
- Initial presenting symptom is most commonly otalgia (55% of patients).
- No current literature regarding the use of acupuncture for the treatment of otalgia in RHS
- Battlefield acupuncture (BFA) is a form of auricular acupuncture that involves inserting semipermanent needles at five points along the ear, taking less than five minutes to apply
- Aim to assess the role of battlefield acupuncture (BFA) in a case of otalgia secondary to RHS, and investigate the potential underutilization of acupuncture in RHS.

Case Description

- 62 year-old male with history of cauda equina syndrome and recent diagnosis of RHS initially presenting as left facial paralysis with accompanying left facial vesicular rash. 8 days after initial presentation, patient noted left ear pain for which pain medicine was consulted.
- Ear pain described as “inside” the ear, sharp, 4/10 severity, worse with chewing and speaking, with accompanying 4/10 headache. He also noted a “tickling and burning” sensation to left face.
- Exam notable for allodynia with palpation of left lateral face along mental protuberance, dysesthesia along area of left lateral mandible, buccal region, and left tragus.
- Pain medicine performed bilateral BFA for fifteen minutes.
- Immediate post-acupuncture pain score decreased to 3/10. 1 day after BFA treatment, left ear pain score decreased to 2/10 and headache resolved.
- 3 days after BFA treatment, the left BFA detached while bathing, however the right BFA remained in place. The left ear pain score increased to 5/10. 10 days later, patient re-evaluated and only reported minimal left ear pain while leaning on left ear during sleep.

**Battefield
acupuncture is a
safe, easy to apply
adjunct modality
for effective pain
relief for acute
otalgia secondary
to Ramsay-Hunt
Syndrome**



BFA points (superior to inferior): Omega 2, Shen Men, Point Zero, Thalamus, Cingulate Gyrus

Discussion

- This patient presented with the above triad of symptoms, and BFA was shown to effectively reduce the patient’s pain by 25% immediately, 50% after one day, and near resolution at 10 days.
- This non-invasive, easy to apply treatment modality provided notable pain relief while serving as an effective adjunct to pharmacologic therapies.
- Though multi-modal analgesia is recommended for symptomatic management, a PubMed search revealed only three case reports and no systematic reviews regarding the efficacy and safety of acupuncture for RHS, none of which include the treatment of otalgia.
- Mechanisms of pain relief have been suggested as affecting afferent projections of the auricular branch of the vagus nerve acting upon the the nucleus of the solitary tract, ultimately allowing for vagal regulation of autonomic function which can affect the neuroendocrine system, neuroimmunologic factors, neuroinflammation, and antioxidation.

Conclusion

- This case is the first known report of utilizing BFA for otalgia secondary to RHS.
- It remains critical to effectively treat acute otalgia in RHS to not only alleviate patient suffering, but also mitigate risk of chronic otalgia and subsequent post-herpetic neuralgia.
- This case emphasizes the efficacy and safety of BFA as an adjunctive modality for otalgia secondary to RHS, underscoring the importance of early pain management involvement and the need for future studies on the role of acupuncture in RHS.

References

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