

Ultrasound-Guided Superficial Cervical Plexus and Sphenopalatine Ganglion Blocks for Pain in Ramsay Hunt Syndrome: A Case Report

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INTRODUCTION

- Ramsay Hunt Syndrome (RHS) - Late reactivation of Varicella Zoster Virus (VZV)
- Classic Triad:
 1. Ipsilateral Facial Paralysis
 2. Otagia
 3. Painful auricular vesicles
- Often accompanied by severe neuropathic pain
- Treatment:
 - Combination steroids, antivirals, and analgesia

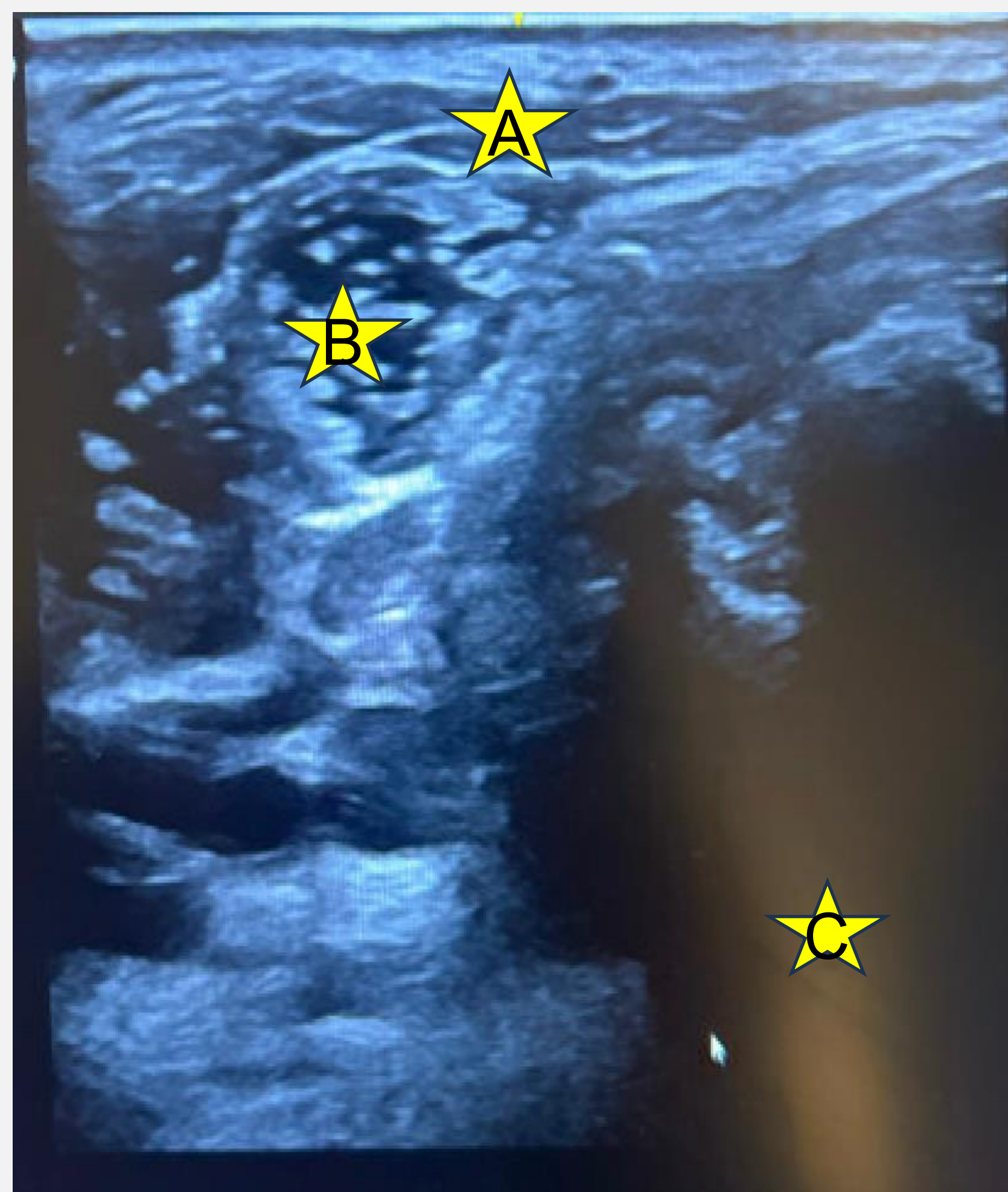


Figure 1: Superficial Cervical Plexus Block

- A: Sternocleidomastoid Muscle
- B: Cervical Plexus (Post Local Infiltration)
- C: C3 Vertebral Body

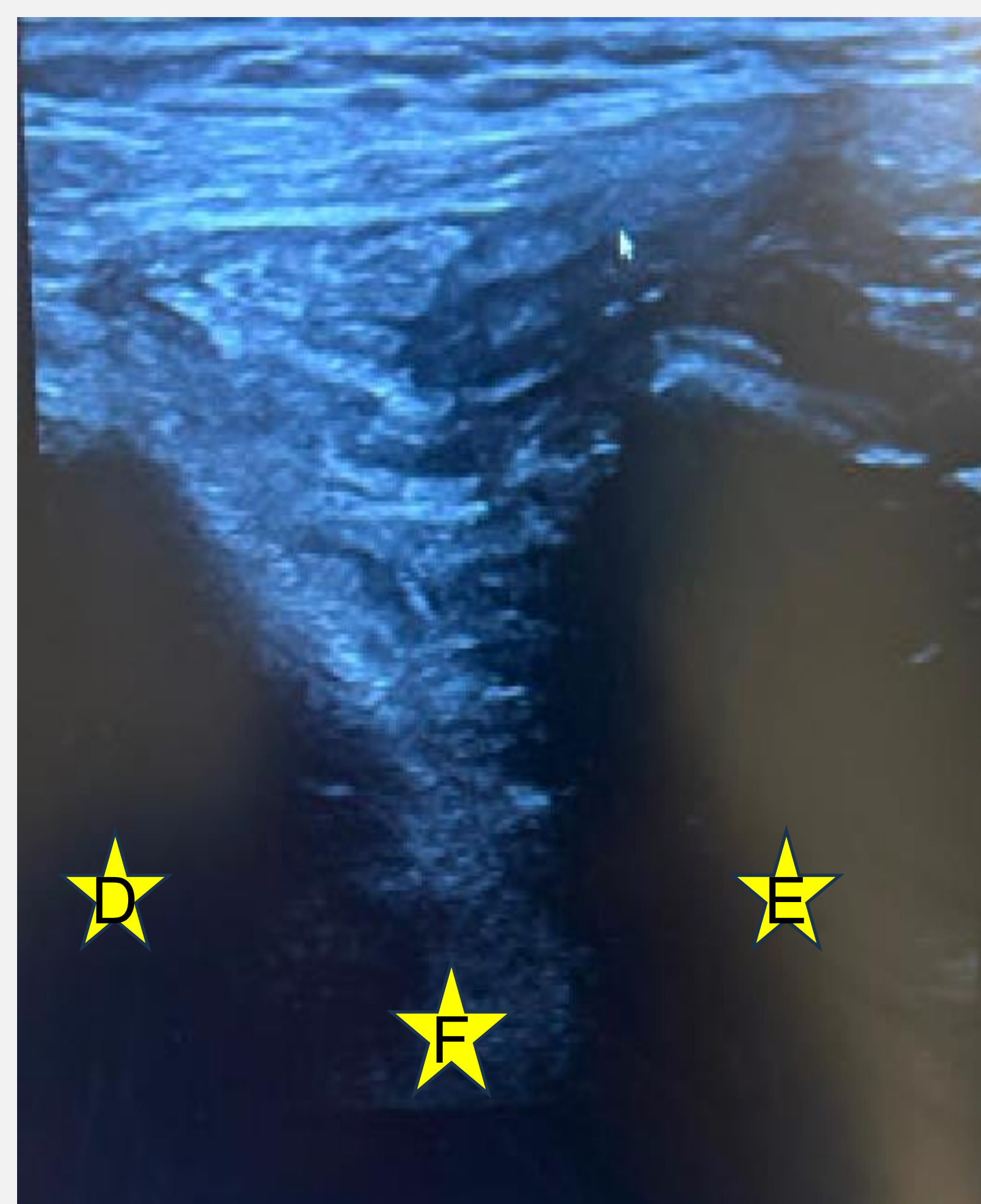
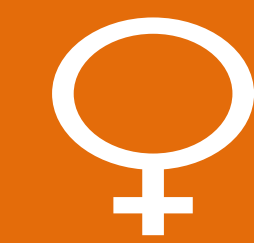


Figure 2: Sphenopalatine Ganglion Block

- D: Maxilla
- E: Sphenoid
- F: Pterygopalantine Fossa

PATIENT CASE



33 year old healthy female



- ✓ Left sided ear, neck and throat pain
- ✓ Periauricular skin lesions
- ✓ Facial palsy



Multimodal Regimen:

- Steroid + Acyclovir
- Acetaminophen, NSAIDS, Gabapentin
- Muscle Relaxants, Opioids (92 MME/day)
- Ketamine Infusion



Procedural Interventions:

1. Superficial Cervical Plexus Block (Fig. 1)
2. Sphenopalatine Ganglion block (Fig. 2)
 - 0.25% bupivacaine w/ 10 mg dexamethasone each
3. 92 MME/day to no opioids required by next day



DISCUSSION

- Prolonged pain period can precipitate post-herpetic neuralgia
- Refractory pain can be difficult to treat even with multimodal analgesia and regional anesthesia
- No consensus regarding interventional pain management
 - Some reports on geniculate ganglion or stellate ganglion blocks
 - More accurate sphenopalatine ganglion block can be done with ultrasound guidance
- Different blocks may need to be tailored and implemented given various pain distributions
- Patient had issues with chronic pain in affected distribution post-discharge
 - Underwent repeat nerve blocks as outpatient with relief
- Has since weaned off all pain medications including neuropathic medications without recurrence of symptoms

REFERENCES

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