

Lack of evidence for antiviral therapy in Ramsay Hunt syndrome

Clinical question	How effective is antiviral therapy in Ramsay Hunt syndrome (herpes zoster oticus with facial palsy)?
Bottom line	The review found no evidence that antiviral therapy had a beneficial effect on outcomes in Ramsay Hunt syndrome. Only one randomised controlled trial was identified, comparing acyclovir and corticosteroids with corticosteroids alone. There was no statistically significant difference in outcomes between the two groups.
Caveat	The single study was of low quality and included only 15 participants. As usual, the absence of positive evidence of benefit (or in this case, the "negative" result of one small, statistically under-powered study) does not necessarily indicate that antivirals are ineffective. On the basis of fundamental pathophysiological principles, it would seem reasonable to use them. However, these drugs are associated with a number of adverse effects (such as nausea, headache, renal impairment, diarrhoea, dizziness, fatigue, skin rash, anorexia, leg pain, sore throat and hair loss), and this must be taken into consideration when undertaking the requisite risk-benefit analysis before instigating treatment.
Context	Herpes zoster oticus is a viral infection of the inner, middle and external ear, and when associated with acute facial paralysis is known as Ramsay Hunt syndrome. Antiviral agents are the standard first-line treatment for herpes zoster infections at other body sites, and are thought to reduce or minimise nerve damage, thereby improving outcomes.
Cochrane Systematic Review	Uscategui T et al. Antiviral therapy for Ramsay Hunt syndrome (herpes zoster oticus with facial palsy) in adults. Cochrane Reviews 2008, Issue 4. Article No. CD006851. DOI: 10.1002/14651858. CD006851.pub2. This review contains one trial involving 15 participants.
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