

Clinical Review of a Consumer Article on Ramsay Hunt Syndrome

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Article reviewed: Felman A. "What's to know about Ramsay Hunt syndrome?" Medical News Today. Medically reviewed by Alana Biggers, MD, MPH. Last updated July 12, 2023. Retrieved September 27, 2026, from medicalnewstoday.com/articles/191575.

Summary

This article needs revision before it can be recommended to patients. Two statements could lead a newly diagnosed reader to a worse outcome. The first tells readers to "take the drugs acyclovir and prednisolone within 7 days of symptoms starting." Shingles antivirals work best when started within 72 hours of symptom onset (Centers for Disease Control and Prevention [CDC], 2024), and the article itself stresses "the first few days" one sentence earlier. In a retrospective series of 80 patients, 75% of those treated within 3 days of the onset of facial paralysis recovered completely, compared with 30% of those treated more than 7 days after onset (Murakami et al., 1997). The second offers an eye patch as the only protection for an eye that will not close. The article never mentions lubrication, and a loose patch can rub the cornea.

The description of cause and symptoms is accurate. The section on contagion is stronger than most consumer coverage and includes the risk of passing chickenpox to people who have never had it. The remaining findings are overstatements about prognosis and treatment evidence, along with a few smaller errors. A physician reviewer is listed on the page, and readers will give these statements more weight because of it.

Findings by severity

Findings appear in order of severity. A critical finding is advice that could cause harm if a reader followed it. Major findings misstate prognosis or the evidence, and minor ones are omissions or small factual errors.

#	Severity	The article says	Problem and evidence	Correction
1	Critical	"take the drugs acyclovir and prednisolone within 7 days of symptoms starting"	Seven days is too late. In 80 patients, complete recovery was 75% (21 of 28) when treatment began within 3 days of facial paralysis and 30% (7 of 23) when it began more than 7 days after onset (Murakami et al., 1997).	"as soon as possible, ideally within 3 days of the first symptoms"
2	Critical	"an eye patch may help protect the affected eye"	This is the only eye advice in the article. The AAO-HNS guideline calls for eye protection when the eye does not close (Baugh et al., 2013). An AAFP evidence review names lubricating drops or gel and eyelid taping at night (Dalrymple et al., 2023). Eye care guidance from the Ramsay Hunt Syndrome Foundation adds ointment at night and a moisture chamber as an alternative to tape. It warns that an eye can open under a patch and get scratched (Sikes & Miller, n.d.).	Add the lubrication routine. Tell readers to seek same-day care for eye pain, redness or blurred vision.
3	Major	"the damage caused by Ramsay Hunt syndrome is reversible"	The article's own complications section describes permanent facial weakness and hearing loss. Prognosis is worse than in Bell's palsy (Kim et al., 2019). In one cohort, only 16% of patients with hearing loss recovered it completely (Rim et al., 2023).	Most people improve. Some keep facial weakness or hearing loss.
4	Major	"complications are rare if treatment starts within a few days" and "a small percentage of patients"	About 1 in 4 patients treated within 3 days did not recover fully (Murakami et al., 1997). In one series, 54 of 103 patients with an audiogram (52%) had acute hearing loss (Kanerva et al., 2020).	"Less likely" in place of "rare." "Some patients" in place of "a small percentage."
5	Major	"is usually effectively treated"	Antiviral and steroid therapy is standard practice, but the evidence for it is observational. A Cochrane review found one small, low-quality trial and no evidence of benefit (Uscategui et al., 2008). A 2024 meta-analysis found no statistically significant effect (Fujiwara & Uraguchi, 2024).	Doctors usually treat it with an antiviral and a steroid. Early treatment is linked to better recovery.
6	Minor	No mention of the shingles vaccine	The CDC recommends recombinant zoster vaccine (Shingrix) for adults 50 and older and for adults 19 and older with a weakened immune system, including people who have had shingles (CDC, 2025).	Add one sentence on vaccination after recovery.

#	Severity	The article says	Problem and evidence	Correction
7	Minor	"most doctors will never come across a case of Ramsay Hunt syndrome during their careers"	No source is given. Published incidence estimates run from about 2 to 5 per 100,000 people a year, as summarized by Kanerva et al. (2020). At that rate emergency, urgent care and otolaryngology clinicians do see it. The line also suggests a reader's own doctor may not recognize it.	Delete the sentence.
8	Minor	Affects children only "in extremely rare cases"	It is less common in children, but Kanerva et al. (2020) included a patient aged 6.9 years.	"Less common in children."
9	Minor	"other nerves, such as the brain and spinal cord"	Treats the brain and spinal cord as nerves.	"other nerves or the brain and spinal cord"

Suggested revisions

These two passages would replace the article's recovery and eye advice. The companion marked-up excerpt makes the same corrections as tracked edits in the article's own sentences.

Recovery

Recovery depends on how quickly treatment starts. Doctors usually prescribe an antiviral and a steroid. Start them as soon as possible, ideally within 3 days of the first symptoms. In one study, 75% of people treated within 3 days recovered fully, compared with 30% of those treated after a week. Recovery can take weeks to months, sometimes up to a year. Some people keep facial weakness or hearing loss.

Eye care

If your eye does not close fully, use lubricating drops during the day and ointment at night. Tape the lid closed or use a moisture chamber while you sleep. Avoid a loose cloth patch, which can rub the eye. See a doctor the same day for eye pain, redness or blurred vision.

Recommendation

Findings 1 and 2 should be corrected before the page is next updated. Until they are, clinicians should not send newly diagnosed patients to it.

References

1. Baugh, R. F., Basura, G. J., Ishii, L. E., Schwartz, S. R., Drumheller, C. M., Burkholder, R., Deckard, N. A., Dawson, C., Driscoll, C., Gillespie, M. B., Gurgel, R. K., Halperin, J., Khalid, A. N., Kumar, K. A., Micco, A., Munsell, D., Rosenbaum, S., & Vaughan, W. (2013). Clinical practice guideline: Bell's palsy. *Otolaryngology–Head and Neck Surgery*, 149(3 Suppl), S1–S27. <https://doi.org/10.1177/0194599813505967>
2. Centers for Disease Control and Prevention. (2024, June 27). *Clinical overview of shingles (herpes zoster)*. <https://www.cdc.gov/shingles/hcp/clinical-overview/index.html>
3. Centers for Disease Control and Prevention. (2025, August 19). *Shingles vaccination*. <https://www.cdc.gov/shingles/vaccines/index.html>
4. Dalrymple, S. N., Row, J. H., & Gazewood, J. (2023). Bell palsy: Rapid evidence review. *American Family Physician*, 107(4), 415–420. <https://www.aafp.org/pubs/afp/issues/2023/0400/bell-palsy.html>
5. Fujiwara, T., & Uraguchi, K. (2024). Antiviral treatment for Ramsay Hunt syndrome: A systematic review and meta-analysis. *Auris Nasus Larynx*, 51(3), 488–491. <https://doi.org/10.1016/j.anl.2024.01.008>
6. Kanerva, M., Jones, S., & Pitkäranta, A. (2020). Ramsay Hunt syndrome: Characteristics and patient self-assessed long-term facial palsy outcome. *European Archives of Oto-Rhino-Laryngology*, 277(4), 1235–1245. <https://doi.org/10.1007/s00405-020-05817-y>
7. Kim, S. H., Jung, J., Jung, S. Y., Dong, S. H., Byun, J. Y., Park, M. S., Kim, S. H., & Yeo, S. G. (2019). Comparative prognosis in patients with Ramsay-Hunt syndrome and Bell's palsy. *European Archives of Oto-Rhino-Laryngology*, 276(4), 1011–1016. <https://doi.org/10.1007/s00405-019-05300-3>
8. Murakami, S., Hato, N., Horiuchi, J., Honda, N., Gyo, K., & Yanagihara, N. (1997). Treatment of Ramsay Hunt syndrome with acyclovir-prednisone: Significance of early diagnosis and treatment. *Annals of Neurology*, 41(3), 353–357. <https://doi.org/10.1002/ana.410410310>
9. Rim, H. S., Chung, S. H., Kim, H. J., Yeo, S. G., & Kim, S. H. (2023). Herpes zoster oticus with concurrent hearing loss: A study on clinical characteristics and prognosis. *Journal of Clinical Medicine*, 12(20), 6476. <https://doi.org/10.3390/jcm12206476>
10. Sikes, S., & Miller, M. (n.d.). *Eye care*. Ramsay Hunt Syndrome Foundation. Retrieved October 11, 2026, from <https://www.ramsayhuntfoundation.org/eye-care>
11. Uscategui, T., Dorée, C., Chamberlain, I. J., & Burton, M. J. (2008). Antiviral therapy for Ramsay Hunt syndrome (herpes zoster oticus with facial palsy) in adults. *Cochrane Database of Systematic Reviews*, 2008(4), CD006851. <https://doi.org/10.1002/14651858.CD006851.pub2>

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