

An atypical Hunt syndrome with the first symptom of hoarseness and dysphagia

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Cases

Male, 46 years old. The patient experienced dysphagia 4 days before admission without apparent causes, with lots of mucus in the mouth. 2 days later the patient suffered a hoarse voice, with no obvious pain in the pharynx. The intravenous antibiotic conducted outside the hospital caused no obvious improvement of symptoms.

Outpatient laryngoscope: right arytenoid ankylosis, lots of mucus pyriform sinus, and white spots in the right aryepiglottic fold led to the admission to hospital for “the right vocal cord lesions”.

On the third day after the patient was hospitalized, the patient’s right nasolabial was found shallower, and the right eye had closure insufficiency and gradually got clearer. After admission, the patient’s head CT, neck CT and chest CT showed no significant changes. The patient reported to suffer from upper respiratory half a month ago, with symptoms of sore throat, and fever. The patient presently has a normal body temperature, blood routine, and no obvious abnormalities through infectious disease screening. We gave the patient the treatment of antiviral, nerve nutrition, prevention of infection, acid suppression, and supportive therapy. After 10 days of hospitalization, the

symptoms of hoarseness and dysphagia were improved, but no significant change was seen in the right facial palsy.

Case analysis

Herpes zoster oticus, also called Hunt syndrome, typically characterized by earache (simplex), dizziness, and facial paralysis. But the symptoms are often atypical and can make the ipsilateral multiple cranial nerve involved. In this case, “The patient experienced dysphagia 4 days before admission without apparent causes, with lots of mucus in the mouth. 2 days later, the patient suffered from a hoarse voice”. “On the third day after the patient was hospitalized, the patient’s right nasolabial was found shallower, and the right eye had closure insufficiency and gradually got clearer”. First, the glossopharyngeal and hypoglossal nerves have dysfunction, then laryngeal, and then facial nerve. Look carefully at the laryngoscope: the white dot in the right aryepiglottic fold should be simplex.

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