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poco frente a otros virus en la literatura reciente. Probablemente se deba a que el herpes zóster ótico constituye menos del 1% del total de casos de herpes zóster y del 12% de casos de parálisis facial periférica⁸, cuyas posibles asociaciones con las vacunas ya son infrecuentes. No obstante, no debemos olvidar que el herpes zóster ótico puede afectar tanto a pacientes inmunocompetentes como a inmunocomprometidos, pero es mucho más probable en este segundo grupo así como en personas de edad avanzada como nuestra paciente y, a fin de cuentas, la vacunación con virus vivos o atenuados conlleva una inmunomodulación que incluye una supresión de la inmunidad celular.

Concluyendo esta carta, queremos enfatizar la importancia de la vacunación para poner fin a la pandemia. La posible asociación con estas entidades es infrecuente y de riesgo muy bajo. No obstante, deben ser tenidos en cuenta y notificados adecuadamente con el fin de optimizar el registro de este ensayo a gran escala que está suponiendo la vacunación mundial.

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Ramsay Hunt syndrome and mRNA SARS-COV-2 vaccination



Síndrome de Ramsay Hunt y vacunación de ARNm contra el SARS-COV-2

Dear Editor:

We would like to share ideas on “Ramsay Hunt syndrome following mRNA SARS-COV-2 vaccine.”¹ Rodríguez-Martín et al. noted that “The onset of ocular symptoms starting within one week following vaccination suggests an inflammatory or autoimmune . . . Ophthalmologists should consider the option of autoimmune . . . as uveitis, following COVID-19 vaccination.”¹ In general, adverse reaction to new COVID-19 is sporadically reported. The facial palsy is also possible. For Ramsay Hunt syndrome, there are many possible causes. In the present case, BNT162b2 vaccine is used. For mRNA COVID-19 vaccine, the important consideration is on induction of autoimmunity. Association between autoimmunity and Ramsay Hunt syndrome is reported.² Nevertheless, if the autoimmunity is the cause of post COVID-19 vaccination Ramsay Hunt syndrome, an abnormal autoimmunity should be detected. The other possible cause of facial palsy after COVID-19 vaccination is the vaccine induced hyperviscosity. After receiving COVID-19 vaccine, a recipient might develop excessive immune response and result in excessive blood viscosity.³ Hyperviscosity is reported as cause of facial palsy in the literature and might be another cause of reported syndrome in the case report.⁴

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