



HERPES SIMPLEX

Herpes simplex infection is the result of the herpes simplex virus (HSV) invading the dorsal root ganglia. The virus is often reactivated, leading it to spread down neuronal axons in spinal or trigeminal nerves and either to be shed asymptotically in saliva (HSV-1) or genital secretions (HSV-2), or to cause disease of the skin, mucosa (erythema multiforme) and occasionally major organs (encephalitis).

There are two varieties of the HSV: HSV-1 – predominantly found on the mouth and HSV-2 – predominantly found on the genitalia. Either can be found anywhere on the body. Clinically, the lesions appear as vesicles with a red base and then go on to a crusting stage, lasting usually about seven to ten days. The most common location for HSV infection is the mouth – herpes labialis (cold sore or fever blister). Next are the genitalia – herpes progenerialis, with the third most common location being the buttocks. The HSV is also responsible for creating erythema multiforme and for gingivostomatitis.

Treatment is best accomplished with oral antiviral agents, taken just when the tingling and burning begin. Such therapy is also indicated before surgical procedures in the areas where previous HSV infection has occurred. When there are more than three attacks a year, prophylaxis with the oral agents is recommended.

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