

HERPES SIMPLE VIRUS HSV

CLINICAL PRESENTATION:

PRIMARY: CAN BE ASYMPTOMATIC!

DUE TO INITIAL INFECTION PATIENT HAS NO HSV ANTIBODY, LIKELY TO HAVE CERVICAL INFECTION AND LARGE LOAD OF VIRUS FOR LONG PERIOD OF TIME. THEREFORE HIGHER FREQUENCY OF TRANSMISSION TO FETUS WITH CONCOMITANT NEONATAL INFECTIONS

INCUBATION PERIOD 2-10 DAYS AFTER EXPOSURE

VESICULAR/PUSTULE STAGE AVERGES 6 DAYS, LYMPHADENOPATHY, PAINFUL TENDER VIRUS CAN BE ISOLATED FROM FLUID

WET ULCER STAGE AVG 6 DAYS CRATER WITH YELLOW BORDER, PAINFUL VIRUS FROM BASE

HEALING AVERAGES 8 DAYS, SYPTOMS DISAPPEAR

80% OF TIME VIRUS CAN BE CULTURED FROM THE CERVIX

FEVER, MALAISE, DYSURIA,

ASEPTIC MENINGITIS

URINARY RETENTION

RECURRENT SHORTER, MILDER, UNILATERAL, PRODROMAL PERIOD 1-2 DAYS BEFORE

LESION VESICLE LAST 3DAYS WET ULCE 2 DAY DRY CRUST 7 DAYS

VIRUS CAN ONLY BE CULTURED FROM CERVIX 10% OF TIME

AVERAGE RECURRENCE CYCLE 40-60 DAYS (4-6 TIMES YEAR)

LABORATORY DIAGNOSIS

VIRAL CULTURE 95% ACCURATE AVAILABLE IN 72 HOURS

MONOCLONAL ANTIBODIES RESULTS 3 HRS ABOUT 93 % ACCURATE NOT SO WITH CERVIX

SEROLOGY IS NOT USEFUL

TREATMENT

SUPPORTIVE CARE, ANALGESIA, TREAT URINARY RETENTION, EDUCATE PATIENT ABOUT DISEASE

ACYCLOVIR: IV: DECREASES HEALING TIME, RESERVED FOR SEVERE DISEASES AND IMMUNOCOMPROMISED PATIENT

ORAL : 200MG 5 X DAY REDUCED DURATION OF SYMPTOMS AND LESIONS

SUPPRESSION 400MG BID CAN BE SAFE AND EFFECTIVE USED UP TO 3 YEARS

HSV IN PREGNANCY INCIDENCE 1-5 %, UP TO HALF ASYMPTOMATIC

1ST TRIMESTER ABS INCREASED

NO CONGENITAL ANOMALIES ASSOCIATED

ATTACK RATE 50% RISK WITH PRIMARY INFECTION 5-10% WITH SYMPTOMATIC RECURRENT,

<1% FOR ASYMPTOMATIC RECURRENT

GENITAL HSV RECURRENCE MORE FREQUENT IN 3RD TRIMESTER

RECENT EVIDENCE RECOMMENDS THE USE OF ORAL ACYCLOVIR 400MG BID THE LAST TRIMESTER OF PREGNANCY IN WOMEN WHO HAVE FREQUENT RECURRENCE TO MITIGATE AGAINST AN OUTBREAK

INTRAPARTUM CARE: IF PATIENT HAS VISUAL LESION AND ARE IN LABOR OR HAVE RUPTURED MEMBRANES AND ARE AT TERM SHOULD BE DELIEVED BY C/S.

ALL OTHERS SHOULD BE DELIVERED VAGINALLY

POSTPARTUM OK FOR MOTHER TO BREAST FEED UNLESS ACTIVE LESION ON BREAST. MUST BE TAUGHT GOOD HANDWASHING TECHNIQUE