

HERPES SIMPLEX VIRUS



■ ■ ■ Description

There are two distinct types of the herpesvirus: *herpes simplex virus 1* (HSV-1) and *herpes simplex virus 2* (HSV-2). Although the general rule has been to assume that HSV-1 infections occur in mouth and lips and HSV-2 affects the genital area, it is now known that either type can be found in either area and at other sites. Most people have been exposed to oral herpes (usually HSV-1), because it is easily spread by saliva particles as small as droplets emitted when you breathe. Herpes gladiatorum, an unusual form of HSV-1, is spread by skin contact with exposed herpes sores and is seen in wrestlers.

■ ■ ■ Common Signs and Symptoms

- No symptoms
- Fever
- Headache
- Muscle aches
- Tingling
- Itching
- Tenderness
- Genital burning
- Genital pain
- Pain with urination
- Pain with sexual intercourse
- Small blisters in the affected areas

■ ■ ■ Risk Factors

- Kissing an infected person
- Sharing eating utensils with an infected person
- Unprotected sexual activity
- Multiple sexual partners
- Direct contact sports without protective clothing
- Contact with exposed herpes sore

Stress, illness, and cold increase the risk of recurrence

■ ■ ■ Expected Outcome

The primary skin infection with either HSV-1 or HSV-2 lasts up to 2 to 3 weeks, but skin pain can last 1 to 6 weeks in a primary HSV attack. After the initial attack, the virus enters a dormant phase called latency. During times of stress, illness, cold, and other triggers, the virus may come back to cause a recurrent infection. However, subsequent infections are usually milder and briefer. Recurrences may occur at intervals of days, weeks, or years, but for most people, they are more frequent during the first year. The body does mount an immune response to HSV, and in most healthy people recurring

infections tend to become progressively less severe and less frequent. However, the immune system cannot eradicate the virus completely.

■ ■ ■ Possible Complications

- Recurrence
- Infection in other areas of the body, such as the eye (ocular herpetic infection, keratitis) and rarely the brain (herpetic encephalitis)

■ ■ ■ General Treatment Considerations

Most herpes simplex infections that develop on the skin can be managed at home with some common sense. Avoid touching the sores and wash hands often, including under the fingernails. Ice packs may help with the pain and reduce recurrences by suppressing the virus. Sun block helps to prevent sun-triggered recurrence of HSV-1. Sexual contact should be avoided both during the outbreaks and the early symptoms of herpes. The use of latex condoms reduces transmission of HSV-2 but does not provide complete protection. Even a small tear can permit passage of the virus. Condoms made from animal membrane do not protect against HSV infection because the herpesviruses can pass through them. Plastic condoms, such as the Avanti or eZ-on male condoms, are alternatives for those allergic to latex, but studies indicate that they break or slip 6% of the time. The female condom may be the best option for infected women or partners of infected men. The female condom in fact may be a superior form of protection because it covers a larger area. There are virtually no obstacles against its use except a negative psychological perception and the fact that it is not completely foolproof against pregnancy.

Over-the-counter medications such as aspirin, acetaminophen (Tylenol), or ibuprofen (Advil, Motrin) can be used to reduce fever and local pain. No special diet has been proven to reduce symptoms of herpesvirus infection. Some people take supplements of L-lysine to prevent cold sores; 1000 mg/day seems to help sores heal rapidly.

There are unproven claims that eating certain foods that are both *high* in L-lysine and *low* in arginine (both are amino acids) will help prevent outbreaks of oral HSV-1. Such foods include most dairy products (especially yogurt), beets, apples, pears, mangos, oily fish (such as salmon, haddock, snapper, and swordfish), soybean sprouts, chicken, and tomatoes.

Medications include acyclovir, which can be taken for a severe primary attack of HSV-1 and may even be beneficial for children. Acyclovir can also be taken prophylactically (before an outbreak occurs) to help reduce the frequency and

severity of recurring infections. Penciclovir (Denavir) cream may be prescribed, and docosanol cream (Lidakol) can be used as an over-the-counter treatment of oral-facial herpes.

For genital herpes, acyclovir or valacyclovir may be prescribed to reduce the duration of the infection, pain, and new lesion formation; these medications also reduce viral shedding.

Other medications that may be prescribed include topical lidocaine jelly and tetracaine to reduce pain; for severe itching in adults or children, diphenhydramine (Benadryl) may be useful, or your physician can prescribe drugs such as hydroxyzine (Atarax or Vistaril).

Athletes may return to play once they are asymptomatic and have been treated.

Notes:

(Up to 4400 characters only)

Notes and suggestions