



HERPES SIMPLEX INFECTIONS & CANKER SORES

HERPES SIMPLEX VIRUS

Common skin conditions caused by Herpes Simplex Virus are divided into type 1 and type 2 infections. Type 1 infections are usually seen “above the waist” and include cold sores, fever blisters, and eye infections. Type 2 infections are generally characterized by recurrent genital blisters which can be painful, itchy, or asymptomatic. Herpes Simplex type 2 is usually, but not always, transmitted by sexual contact. There is crossover between the two forms of virus and both type 1 and type 2 infections can occur in any location; they look, feel, behave, and spread in the same manner. All herpes virus infections are spread by skin to skin contact. Spread is easier through the mucous membranes (mouth or genitals) or through a cut or scrape in the skin (such as a hangnail, chapped lips, or an abrasion common in student wrestlers and football players).

PRIMARY HERPES

Primary herpes is the name given to a patient’s first attack. This usually occurs before the age of five with one or more white or clear blisters in the mouth or throat. This infection in children often goes unnoticed. In severe cases, however, there may be pain, fever, or swollen glands in the neck. Primary genital herpes may occur at any age and is usually quite painful or itchy; fever and swollen glands in the groin may occur. Primary herpes usually takes 3-4 weeks to resolve.

RECURRENT HERPES

After the primary infection, a patient carries the virus in a latent form in nerve cells for the remainder of his or her life and may suffer repeat secondary infections. Approximately 40% of patients who have had a primary infection with herpes simplex will get recurrences; the remaining 60% of patients will never, or rarely ever, get a recurrence. These recurrences are often triggered by fever (hence, fever blisters), sunburn, stress, illness, certain foods, or for no apparent reason at all. Women may get recurrences with menstrual periods. Recurrent herpes is characterized by a collection of blisters surrounded by redness and swelling with associated tingling, burning, or pain. The blisters break in several days and an ulcer may be covered with yellow crust. Lesions gradually dry and healing occurs in about 2 weeks. Care must be taken to keep the area clean so that bacterial infection does not occur. A patient is very contagious to others until the scab falls off. Herpes simplex virus is spread through direct contact with another person who has an active herpes lesion; a person with genital herpes should avoid direct contact with their partners if the infection is active. Unfortunately, some patients with both genital and oral herpes may shed small amounts of contagious virus, even when they do not have a clinically active outbreak. There is no way to tell if you are shedding viral cells with certainty if you do not have an open sore. Since most of the world’s adult population already carries the virus, it appears that spread is quite prevalent, even with appropriate caution.

TREATMENT

Once acquired, herpes virus infection cannot be cured. Because the virus strikes the skin, then retreats to nerve cells where it cannot be reached, treatment at the infection site will not stop future recurrences. If you have recurrent herpes, there are treatments that may speed resolution of outbreaks and decrease the chances of future outbreaks.

Oral medicines (Acyclovir, Valtrex, Famvir) may speed resolution of primary and recurrent herpes (and it definitely kills viral cells, making you less contagious). The primary infection should be verified in the office by a Dermatologist with scraping or culture before therapy is begun. Treatment may be episodic and started at the earliest sign of tingling or blisters, or can be used daily for months or years as chronic suppressive therapy to lessen the frequency of outbreaks. If you choose to use a topical medicine (Zovirax, Denavir, Abriva), they should be applied every 2-3 hours while you are awake. If the skin is broken, a slight burning sensation may occur. Be sure to wash your hands well after applying this medicine so that the infection is not spread to other areas of the body. Topical medicines do not prevent recurrences. No medicine will completely cure the disease.

CANKER SORES (APHTHOUS ULCERS)

Canker sores (recurrent aphthous ulcers) occur in the mouth or on the genitals and are usually quite painful. They are often mistaken for recurrent cold sores or herpes infection, but unlike herpes simplex, are NOT caused by a virus and are NOT contagious. Canker sores look like small, punched-out holes rather than raised blisters and are round or oval in shape, usually less than ¼" in diameter. The base of the sore is yellow, gray, or white, and the edge is bright red. They may represent an allergic reaction to something normally found in the mouth and are therefore considered an autoimmune disease. They can be triggered by stress, certain acidic foods (citrus fruits, vinegar, tomatoes), or by trauma such as biting your cheek. In a few people, these sores may continuously occur without any trigger. In very severe cases, ulcers may appear on other mucous membranes including the genitals and eyes and may very rarely be associated with an unusual type of arthritis.

TREATMENT OF CANKER SORES

For mild episodes, a prescription antibiotic which is held in the mouth and swallowed may be effective. An anesthetic liquid may be needed if the pain is too severe to allow eating in comfort. Cortisone appears effective, as a cream, shot, or pill, for many patients. Because of the side effects of cortisone, this treatment is usually reserved for those patients with severe disease. There are also newer medicines which suppress the immune system, and thus the inflammatory response, which have proven helpful. These medications may sometimes have serious side effects and are not routinely used.

Continued research will hopefully lead to more effective treatment for both canker sores and herpes simplex virus in the future.

