



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

EXTENSIVE PRIMARY GENITAL HERPES INFECTION CAUSED BY HSV-1 IN A TEENAGE GIRL

M. Vicic⁽¹⁾ - M. Kastelan⁽¹⁾ - I. Brajac⁽¹⁾ - L. Prpic Massari⁽¹⁾

Clinical Hospital Center And Medical School Rijeka, Department Of Dermatology, Rijeka, Croatia⁽¹⁾

Background: Genital herpes (GH) belongs to the most frequent STI's. While HSV-2 has been known as a notorious cause of GH in adulthood, HSV-1 had a reputation of trivial infection, acquired in childhood. Recently it has been noticed that HSV-1 epidemiology changed and that it has become predominant cause of GH in young females living in developed countries.

Observation: 16-year-old girl presented with painful genitals and walking difficulty. Symptoms started a few days ago as high-grade fever, malaise and sudden vulvar swelling, accompanied by itching and burning. She had oral herpes and eye infection two weeks ago, urinary infection a month ago and pleaded herself as a virgin. Physical examination revealed extensive vulvar edema, erythema with scattered shallow ulcers and inguinal lymphadenopathy. She complained having urinary retention. Abdominal ultrasound showed full bladder with initial dilatation of pelvicalyceal system, so the catheterization was performed, after what she became febrile and transferred to infectious diseases clinic. The blood tests showed: CRP 19,1 mg/L, WBC 28,4 x 10⁹, Ly 19.88 x 10⁹, Mono 17.8%, AST 367 U/L, ALT 359 U/L, GGT 540 U/L. Urine culture revealed few gram-positive bacteria, while hemoculture was negative. Tests for syphilis, hepatitis B/C, HSV-2 IgG/ IgM were negative, while HSV-1 IgG (21,0 U) and IgM (13,7 U), EBV IgM and CMV IgG/ IgM were positive. Cefuroximaxetil + acyclovir i.v. therapy, during ten days, was introduced, with subsequential improvement.

Key message: The teenager had primary HSV-1 GH infection and EBV-CMV coinfection. The frequency of sexual transmission of HSV-1 has been increased, especially in women younger than 25 years. The genital infection with HSV-1 less often recur, but it is more easily transmitted to the neonate, than HSV-2. Since the virus type influences the prognosis and HSV-1 and HSV-2 GH could not be differentiated by clinical presentation, serology is obligatory.

