

Genital herpes

Genital herpes is a sexually transmitted disease caused by herpes simplex virus. It is most commonly caused by '**herpes simplex virus 2 (HSV-2)**', but HSV-1 is also frequently demonstrated. Although originally found in various locations, orogenital sexual practices caused that both HSV-1 and HSV-2 are commonly found in the mouth and also genital area.

⚠ HSV-2 infection is one of the **most common sexually transmitted diseases**. It is estimated that more than 500 million people are infected. Up to *75% of infections are asymptomatic* and infected individuals are carriers. In addition, HSV-2 infection **increases the risk of HIV infection**'.^[1]



HSV-1

Clinical symptoms

Clinical manifestations depend on the stage of the disease and the immune system of the individual. In general, **women are more susceptible** to acquiring the infection than men. The primary genital lesion in people who have antibodies to HSV is not dramatic. Characteristic **vesicular ulcers** appear on the penis or vulva **3 to 7 days after infection**, which rupture and are replaced by **shallow ulcers** that take approximately two weeks to heal. Regional lymph nodes tend to be enlarged. General symptoms such as **fever, headache and malaise** may also occur.

Local symptoms **disappear after two weeks** when the virus penetrates through the nerves **into the nerve ganglia**. Here it remains in a latent phase and reactivates when the individual is immunosuppressed.

Primary infection in a woman who lacks antibodies to both HSV-1 and HSV-2 can proceed dramatically as a *disseminated ulcerative infection* of the entire vulva that spreads to the buttocks and groin area.



Herpes in the female genital area

Complications

Genital herpes caused by HSV-1 is *less prone* to relapse. A rare complication in adults is **aseptic meningitis or encephalitis**. Secondary mycotic or bacterial infections are also common. Complete cure may take several weeks for untreated infections.

If the mother is infected, the newborn can become infected with HSV-2 as it passes through the birth canal. It can cause *neonatal disseminated herpes or encephalitis* in the infant after birth.

Diagnosis and treatment

The DNA of the virus can be detected in fluid from blisters or in swabs from ulcers. The virus can be detected by immunofluorescence or PCR.

For severe or early lesions, **acyclovir, valacyclovir or famcyclovir** is used orally. Relapse is best treated at prodromal symptoms or by administering low doses of acyclovir or other drugs for 6-12 months, which stops or minimally reduces reinfections. ^[1]

Links

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- Sexually transmitted infections
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Source

- ZÁHUMENSKÝ, Jozef. Genitální opar u žen. *Dermatologie pro praxi* [online]. 2014, vol. 01, p. 17, 18,

Reference

1. {GOERING, Richard V – DOCKRELL, Hazel M. *Mims' Medical Microbiology*. 5. edition. Prague : Triton, 2016. 568 pp. ISBN 978-80-7387-928-0.

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