

Herpetic Gingivostomatitis

Herpetic stomatitis[Expand]

Gingivostomatitis herpetica or **Herpetic stomatitis** is a manifestation of primary infection with HSV. It usually affects young children.

Clinical picture

After infection, the first stage (prodromal stage) develops after an incubation period of 4-5 days. After several days of flu-like symptoms, a second stage (blistering stage) develops with manifestations in the oral cavity, typically on the gums, hard palate, back of the tongue, and sometimes on the buccal mucous membranes. On the swollen and reddened mucosa, 2-4 mm **big white-yellow aphthae** with a red border appear. On the palate, they tend to merge into larger areas (coalesce) with an irregular margin. The pain causes dysphagia and saliva leaking from the mouth. Sometimes the regional lymph nodes also swell painfully. The lesions heal within two weeks.

A special manifestation of the disease is **Pospischill-Feyrter aphthoid**. It occurs rarely in immunocompromised children (systemic infection). In addition to the oral mucosa, the genitals are also affected by painful aphthous lesions. Herpetiform arranged blisters form on the skin.

Differential diagnosis

It is necessary to differentiate between herpetic stomatitis and erythema (exsudativum) multiforme (Hebrae).

Therapy

Treatment is symptomatic: plenty of fluids and a diet consisting of mashed or soft food. Cold herbal teas are recommended due to their antiseptic and astringent effect. In severe cases, systemic antivirals are given and broad-spectrum antibiotics are given in bacterial superinfection.

⚠ Insufficient fluid intake can cause dehydration, especially in children.

References

Related Articles

- Herpes simplex virus
- Herpesviridae

Literature

- ČÁP, Jiří, et al. *Dermatovenerologie*. 1. edition. Prague : Galen, 2008. 502 pp. pp. 114. ISBN 978-80-7262-371-6.
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Citations

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