



Antiviral Treatment for Primary Herpetic Gingivostomatitis in Children

Rosales Hinojosa Erika Vianney DDS, Vázquez Rodríguez Sandra Berenice DDS, Alonso Sánchez Carmen Celina DDS, Katia Vianey Gutiérrez Barragán DDS

University of Guadalajara. Division of Pediatric Dentistry Los Altos Campus, Tepatitlán de Morelos, Jalisco México

Introduction

Herpetic gingivostomatitis is a manifestation of **herpes simplex virus type 1 (HSV-1)** and is characterized by high fever and painful oral lesions. Herpetic gingivostomatitis is most common in children aged 6 months to 5 years, but can also occur in adults.

Is usually transmitted by direct contact or via droplets of oral secretions or lesions from an asymptomatic or symptomatic person. Once a patient is infected with the herpes simplex virus, the infection can recur in the form of herpes labialis (cold sores), with intermittent reactivation occurring throughout life.

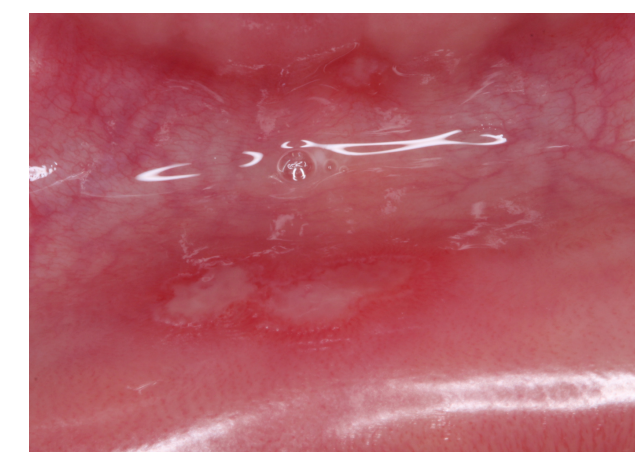
This infection is often self-limiting but can limit the ability to drink/eat and sometimes requires hospitalization. It may be preceded by some prodromal symptoms such as fever, anorexia, irritability, malaise and headaches. After the primary infection has subsided, the virus remains latent in a nerve ganglion.

Case Report

The medical history revealed dysphagia and asthenia in relation with the appearance of the lesions. Intraoral examination revealed acute marginal hemorrhagic gingivitis, painful erosions in the maxillary gingiva, ulcerations on the lateral edges of the tongue, and post vesicular erosions on the palate, intern lip and oral mucosa.

4 year old male patient

Chief complaint: fever, oral pain, and "redness on his gums".



We had prescribed an antiviral, analgesic, an anesthetic mouth gel, and an antiseptic mouthwash. The patient responded well to the treatment and showed a regression of symptoms and disappearance of the lesions after ten days.

- Acyclovir 1000 mg/day orally divided in five doses for 10 days
- Oral acetaminophen or ibuprofen
- "Magic mouthwash": consists of various combinations of diphenhydramine, magnesiaalumina, Kaolin pectin, sucralfate, and/or viscous lidocaine

Treatment



Conclusion

Early diagnosis may prevent other complications such as: dehydration, herpetic whitlow, Eczema herpeticum, lip adhesions, secondary bacteremia with upper respiratory bacteria, HSV encephalitis and esophagitis