HERPES GENITALIS

THESIS

SUBMITTED IN PARTIAL FULFILMENT
FOR THE MASTER DEGREE OF
DERMATOLOGY AND VENEREOLOGY

BY

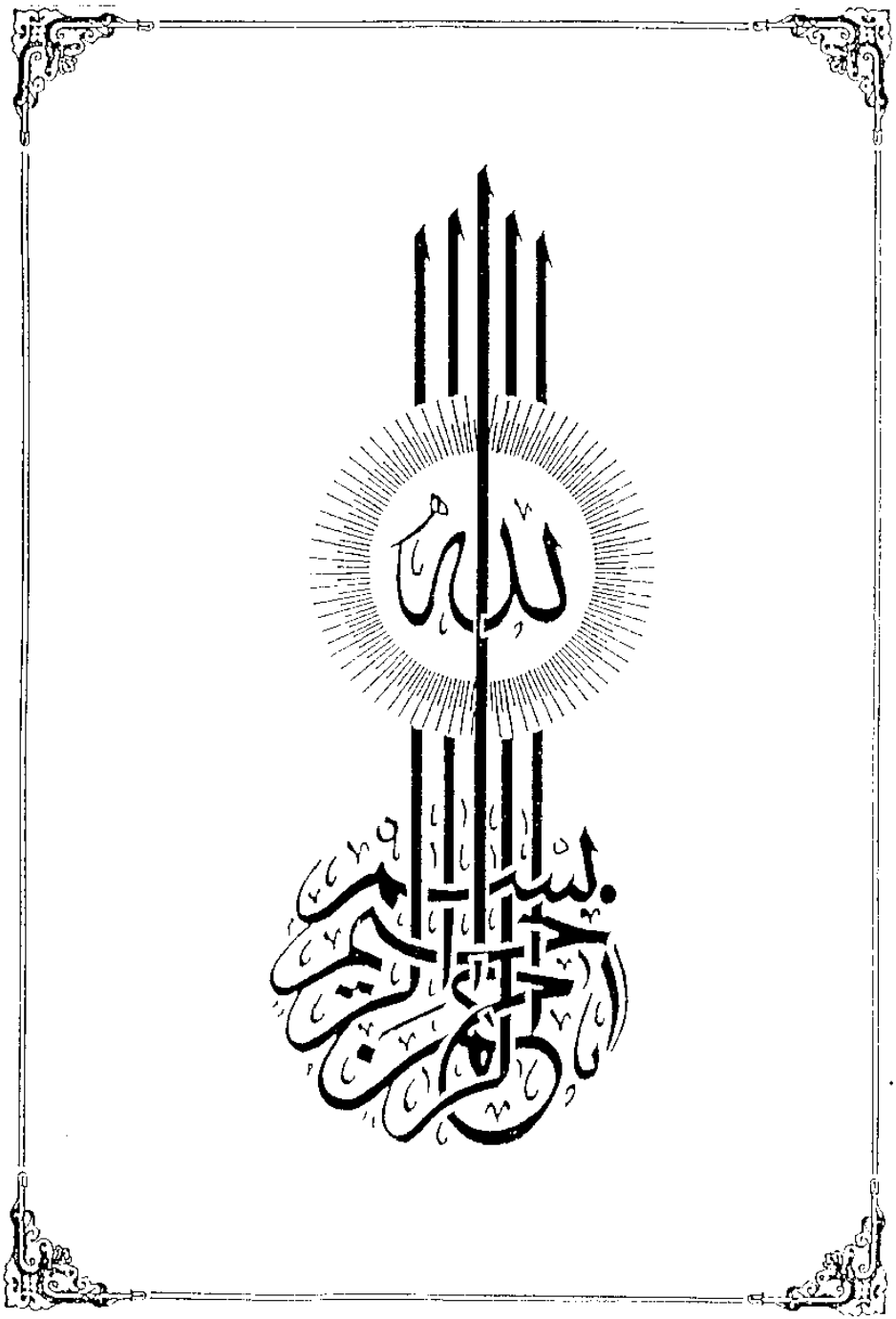
DR. SOUZAN MOHAMED EZZAT SALEM
M.B., B. CH.
FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY

SUPERVISED BY
PROFESSOR DR. ALY ABD-EL-FATTAH,
PROFESSOR OF DERMATOLOGY AND VENEREOLOGY
AIN SHAMS UNIVERSITY

DR. NAGWA YOUSSEF,
LECTURER OF DERMATOLOGY AND VENEREOLOGY
AIN SHAMS UNIVERSITY.

1985

ACKNOWLEDGEMENT



ACKNOWLEDGEMENT

First and Formost thank to God, the Most Helpful and Beneficient.

I would like to express my sincere gratitude to Professor Dr. Aly Abd-El-Fattah, Professor of Dermatology and Venereology, Ain Shams University for his help, giudance and encouragement. I gained much benefit through his supervision.

I wish to express my best thanks to Dr. Nagwa Youssof, Lecturer of Dermatology and Venereology , Ain Shams University for her close supervision; the time she spent and the interest she shown in following this work.

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INTRODUCTION

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Genital herpes simplex is an increasingly common venereal disease caused by either herpes simplex virus (HSV) type 1 or 2 .

Herpes is a word of greek origin meaning "to creep" for many centuries, the term was used in a general way and applied to various spreading cutaneous lesions (olives, 1981). In recent decades, genital herpes has climbed from relative obscurity to a positoin of being one of the most common venereal diseases now seen. Why this recent increase has occured is not known, but past few decades involving increasing exposure to multiple sexual partners, the extensive use of oral contraceptives pills, the decreased use of barrier contraception (condoms, diaphragms and spermincidal foams). Also this increase may be due to a possible increase in the practice of oral sex, and of course a constantly increasing poal of carriers (Raab and lorinez, 1981).

Initial exposure to the virus usually produces acute symptomatology and severe discomfort, but the disease may be asymptomatic. With both HSV-1 and HSV-2, a latent state of viral infection is established in the dorsal spinal ganglia of the infected host. The clinical manifestations of genital HSV infection depend upon the immune status of the individual. There are 3 distinct clinical syndromes, first episode primary genital herpes (the patient does'nt have circulating antibodies to HSV_1 or HSV_2. The second clinical syndrome is named first episode non primary genital herpes (the, pateint has circulating antibodies) the last clinical syndrome is the recurrent episodes of the disease (Baker, 1983).

The clinical symptoms usually appear within three to seven days following an adequate exposure, although the incubation period may extend up 20 days.

In both sexes, lesions last for 2 to 6 weeks and generally heal without scarring. If the lesions persist longer, one must think of secondary infection or an associated venereal disease (corey et el, 1983).

There are four characteristic features which sttract the attention to genital herpes including the increasing incidence of the disease, its recurrent nature, the neonatal infection and the association with the carcinoma of the cervix.(Alder and Mindel,1983).

Genital herpes is not a killer but this incruable sexually transmitted disease can have damaging long term emotional and psychological effects upon an individual's sexuality and self image.

The major morbidity of recurrent genital harpes is its frequency of recurrences, chronicity and effect on the patient's personal relationships. (Woddis, 1983).

Over the years numerous types of treatment have been used which have ranged from topical steroids to potent parenteral antiviral drugs. Acyclovir is considered as being a drug that shortens the attacks and in other patients alters the recurrence rate. Therefore acyclovir

offers some hope and this should be taken into consideration and not ignored by those writing on herpes for public, instead of false hope that are given to the sufferers by suggesting that herpes vaccines are effective, which well probably not prevent genital herpes but they may alter its clinical course.(Alder and Mindel,1983).

Aim of the review?

The aim of this assay is to review shortly genital herpes simplex virus infection of being of increasing public health importance. The advent of effective antiviral therapy, the recurrent nature of the infection, its different clinical manifestations and complications such as aseptic meningitis and neonatal infection are of great concern to patients and health care providers. Also we review shortly the new treatment that may help in decreasing the incdence of this new alarming recurrent disease.

HERPES GENITALIS

EPIDEMIOLOGY OF GENITAL HERPES

Genital infection with herpes simplex virus (HSV) is a major and increasing cause of morbidity in many countries.10800 of such cases were reported from sexually transmitted disease clinics in the U.K, in 1980, a rise of 60% over the previous five years (Mindel et al., 1982).

The disease is considered as the second most common venereal disease in the United States (Andrewes et al., 1978), it is endemic there, the incidence being approximately 1-2% of the population (Baker, 1983) and about 60% of the adult population has antibodies HSV (Christie, 1980). Like any other sexually transmitted disease it occurs more frequently in sexually active population (Reagan et al., 1970). It is found to be twice as syphilis and the ratio of gonorrhea to genital herpes infection was previously suggested to be 10 : 1 but this ratio has been reversed (Raab and Lorinez, 1981).

It is suggested that in the middle and upper socioeconomic sectors of the community, where the

prevalence of gonococcal infections may be less frequent, genital herpes is a more significant problem (Suimaya et al., 1980).

The increased incidence of genital herpes became more apparent from 1966 to 1979.

Until 1971 the disease was not even recorded as a separate sexually transmitted disease the number of the new cases recorded in that year was 12.2 per 100,000 populations, doubling in 1976 to about 24 per 100,000 and increasing again to 28.8 per 100.000 in 1978 (Raab and Lorinez, 1981).

It was noticed that the incidence of herpes genitalis in the male to the female ratio of patients with HSV infection visiting STD clinics was 2 : 1 (William and Jordan, 1982).

At clinics for sexually transmitted diseases in the United States from October 1976 to June 1977, genital herpes accounted for 3.4% of the visits by women (Tummon et al., 1981).

In males, the data were conflicting, one hundred ninety randomly selected males showed a 15% incidence of HSV-2 in various genitourinary cultures from urethra, prostatic fluid and vas deferens (Centifanto et al., 1971).

Chang in 1977 assumed that herpes virus does not discriminate the body surface on which it sets up a new infection, and given a chance the virus can infect any area of the body surface of a susceptible person.

The acquisition of HSV antibodies increase with age and about 50% of adults in higher socioeconomic groups had HSV antibodies compared with 80-100% in lower socioeconomic groups (Nahmias and Roizman, 1973). The incidence of HSV-1 that has been isolated from genital lesions were found to be about 15% with the recurrent disease (Reeves et al., 1981).

The high incidence of HSV-1 was attributed to the increasing popularity of orogenital sex among younger individuals (Kaab and Lorinez, 1981).