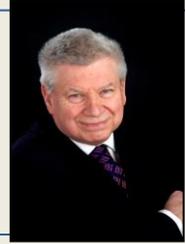


Medicine for Managers

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Genital Herpes

Genital herpes is an unpleasant viral illness affecting the genitalia and the area surrounding. Because its transmission requires intimate sexual contact it is described as a sexually transmitted disease. The culprit is the herpes simplex virus. Infection is most common between aged 18 and 25. Estimates on frequency vary but there may be as many as 50,000 new cases a year.

The herpes simplex virus attacks the soft, moist mucous membranes which line the mouth, vulva, vagina and anus. There are two types of herpes simplex virus:

Type 1. Usually causes cold sores round the mouth and up to 50% of cases of genital herpes

Type 2. Usually only causes genital herpes. Sometimes herpes simplex attacks other areas of the body.

The infection is usually transmitted by intimate sexual mucous membrane-to-mucous membrane contact such as occurs during sexual activity of whatever form. Transmission may occur between male and female genitalia, between the mouth and the genitalia or through anal contact. The infected person does not have to be having an acute attack in order to pass on the virus.

The first infection with genital herpes (the primary infection) may cause minimal or no symptoms. The majority of patients who have the virus are unaware that they are infected

because it has given no clue to its presence. Those patients who do experience symptoms

generally only experience an area of itching or vague soreness and reddening of a patch of mucous membrane.

Following the initial infection the virus lays dormant in nerves supplying the genital or anal area for weeks, months or even years without causing any symptoms.

Despite the lack of symptoms the virus may appear intermittently in the affected area and can be transmitted to a sexual partner.

It is common for infections to be spread in such circumstances.

The first episode of symptoms usually starts with general systemic symptoms; temperature



and generally feeling achy and unwell. Clusters of small, very painful blisters appear around the genitals or the anus. They erupt in crops over a period of about a fortnight.

They then burst, releasing virus and they form shallow ulcers. Women who develop the ulcers inside the vagina often experience extreme distress as the moist vaginal walls touch the raw ulcerated areas. Walking too and passing urine may become extremely difficult. A vaginal discharge may also be a feature of infection.

Gradually the ulcers form a slough and heal, usually over a period of two to three weeks. The severity of the episode is very variable and may be simply one or two small blisters/ulcers with little more than discomfort, or large crops of blisters which form extensive raw and very painful ulcerated areas.

When genital herpes occurs in a couple with a long-standing and faithful relationship, it may cause considerable discord and damage with allegations of sexual promiscuity.

Yet nothing may be further from the truth. The latent period of the infection may mean that it was acquired years earlier from another partner and, even then, there may have been no

symptoms to alert anyone of the presence of the infection.

One of the mysteries of genital herpes is why the presentation, latent period and symptoms are so variable in different people. It can only be assumed that resistance or immunity to the infection is very variable in different individuals.

Following a first episode of genital herpes, a proportion of sufferers will experience recurrent attacks. The virus, which lies dormant most of the time, is reactivated from time to time. It is generally the case that recurrences occur progressively less frequently and are progressively less severe.

The systemic symptoms are often not present and any blistering or ulceration is more sparse and less painful.

On average people have between three and five recurrences during the two years following the first episode. It is said that factors that precipitate recurrences include stress, general illness, surgery, excess alcohol and bright sunlight.

Attacks of genital herpes may last longer and cause more severe symptoms in circumstances where the body's immune system is weakened, such as in patients with HIV or those receiving chemotherapy.

The development of genital symptoms may signal an episode of genital herpes or one of several other sexually transmitted diseases. Anyone with symptoms would be wise to go to a genito-urinary medicine (GUM) clinic. Such

clinics have all the necessary expertise and equipment such as culture media to be able to take swabs to search for the herpes simplex virus. Visiting a clinic may be arranged via a GP or by direct access.

The more severe episodes of genital herpes may be extremely painful. Simple analgesics such as paracetamol may be sufficient but some patients require much more potent analgesia on prescription. Lignocaine gel may soothe patches of ulceration and, where mucous surfaces touch, liberal application of *Vaseline* may help.

Of course sex should be forbidden (and indeed could be extremely uncomfortable) until all evidence of the infection has completely cleared. Infection may leave the mucous membrane dry and lubricant may make subsequent intercourse easier.

Antiviral drugs may be very useful, particularly in treating a severe first episode. They work by preventing the virus from multiplying and aciclovir is often the drug of choice, taken as soon as possible after the development of symptoms, at a dose of 800 mg five times daily for seven days.

There are other similar antiviral drugs available. Some sufferers experience more frequent

attacks and, as a rule of thumb guide, if more than six attacks a year, aciclovir may be taken on a daily basis.

The most serious complication of genital herpes may occur in women who are pregnant when the first attack develops. Up to 26 weeks there is a

I am most grateful to **Garrick Wagner, Senior Programme Manager, National Specialist and Screening Services Directorate, NHS National Services, Scotland** for pointing out research showing that diabetic patients have a lower incidence of aortic aneurysm than the general population. References <http://www.ncbi.nlm.nih.gov/pubmed/22724482> <http://www.ejves.com/article/S1078-5884%2809%2900551-6/abstract?cc=y> <http://www.researchgate.net/publication/228058960>

risk of miscarriage and in late pregnancy a risk of passing the virus to the baby. However, modern treatment, including using the anti-viral

drugs, has decreased any risk to the unborn child.

Herpes has been known for at least 2000 years. Indeed in Rome Emperor Tiberius is said to have banned kissing because so many women had herpetic infections.

In the eighteenth century it was so common amongst prostitutes that it was known as a 'vocational disease of women'. It was identified to be caused by a virus in the 1940s.

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