RECURRENT HERPES LABIALİS
(Review of the Literature and A Case Report)

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SUMMARY

Herpes Simplex virus is the factor of herpetic stomatitis and recurrent herpes labialis. Especially, it occurs in patients whose recurrent intra-oral infection immunity system was dominated by any reasons. Information was given about herpes labialis due to fact a case by reviewing the literature.

Recurrent Herpes Labialis

Nearly 80-90% of the world population is infected with herpes virus. Virus is a problem making modern life hard in all races cultures and countries (It is not important what kind of virus is)

Herpes simplex virus (HSV) is a DNA virus and at the same time, it is a member of human herpes virus family (HHV) 1-6.

Scientific researches have shown that herpes virus has got more than 5000 different types and only eight of these can cause illness in human. 1-7,56 These

1. Herpes Simplex Virus 1 ; ( HSV1) Cold Sores
2. Herpes Simplex Virus 2 ; ( HSV2)
3. Varicella Zoster Virus ; ( VZV / HHV3 )
4. Ebstein Barr Virus ; ( EBV / HHV4 )
5. Cytomegalovirus ; ( CMV / HHV5 )

6. Human Herpes Virus ; ( HHV6 )
7. Human Herpes Virus ; ( HHV7 )
8. Human herpes Virus ; ( KSHV / HHV8 )

HSV has got two types, 1-36 Type 1 Cause lesion commonly on skin in oro-facial region and in upper part of the body. It is known as Herpes Labialis, because it is located commonly in corner of the mouth, on the lip, in the mucocutaneous joint place and under the nose. 7,8,10,12 Type 2 cause infection in genital region, in the bottom part of the body and in infants.7,8,10,13,27

Behaviour form, environmental and epidemiological features of both viruses are more similar to each other. It was determined that nearly 15-37% of all new HSV-2 cases were resulted from HSV.117

HSV infection in infected human always remains in the way of the three periods.1-7,9,26
- Primer Infection Period
- Latent Period
- Reactivation and Recurrent Infection Period

Primer Infection Period

Although premier infection occurs in two-three years old, it shows that Virus has very high infections character because new cases appear in other old-group. However, The rate of
premier infection is about 15% in adults. Disease infects with direct contact. After 15-42 days from beginning of premier herpes infection, it has been observed that virus remains actively in body fluids. In children, there are a lack of appetite, weakness and joint-pains. Temperature and trembling occurs together with classic viral symptoms. After a very short time, (6-24 hours) mouth eruptions affecting lip, tongue, gingiva and oral mucosa happen.\(^{1,5,7,9,21,23}\)

**Prodromal Period**

1. There seems to be restless feeling and itching and scratching in the site of lesion soon before the lesion appear.\(^{1,2,5,7}\)

2. **Inflammation Period**: swollen surrounded by a slightly erythema area commences 12 hours after prodromal period.\(^{1,7,25}\)

3. **Vesicular Period**: One or more vascular lesions 2-4 mm diametred, surrounded by a small erythema area, in a blistered construction appear 24-36 hours after following inflammation. The first observation site of vasicullars is under lower lip sides, skin, margin of mucosa and the nose. The lesions settle in oral cavity and, in turn, gingiva, oral mucosa, tongue and pharynx. Viral titre in this period, is that 48 hours through, Infection is the highest level, and decreases in the time. Both vascular liquid and patient’s saliva is to large extend infected. Particularly, as a result of flow of infected saliva in children, herpetic skin lesions can be seen on the chin and anterior part of the chest. The patient states that they feel discomfort for the first 24 hours following to vascular formation.\(^{1,5,7,9,13}\)

4. **Ulcer Period**: Vascular in mucosa do not remain constant for long time. In 36 and 48 hours, They are torn and the liquid in them is evacuated. Painful ulcers take their places. There are scab on lesion in skin. In acute herpetic gingivo-stomatitis the swelling affecting marginal and papillar gingiva distributes the patient in along extent. Typically, a white strata forms on the tongue. Cervical lymphadenopathy is generally available. There is a restless and discomfort accompanied by fewer.

5. **Recovery Period**: Lesions recovers completely without leaving skatris in 7-10 days.\(^{1,5,7,11}\)

**Latent Period**

After the previous infection, immunization occurs in some individualis. However, virus may pass to the latent period in 16-45% of the patients’.

In this cases, Virus remains latent in specific cell groups. This cell group is generally nerve cells in trigeminal ganglion. Virus enters from the nerve ends, It hides in the body cycling the gonitions. It hides without giving any hazard to the host by escaping from immune system. It can turn into a virus in a cell in which a virus remained latent. In viral genomes in which latent virus settled, viral genomes formed into closed molecules, and they appear only as subgroups of virus genes.\(^{5,7,8,10,11}\)

**Reactivation and Recurrent Infection Period**

Recurrance of lesions and reactivation of the virus hasn’t been verified completely with recurrent. It may be together with a number of factor. Among these, emotional and physical stresses take the great place. For spontaneous activation of the viruses, It is necessary to remove the pressure ether on immune system or latent viral genes. This is possible with having celluler and hormonal and neuroendocrin ways taken action by means of trigering factor.\(^{5,8,18,20}\)
CASE

The patient, Z.Z., is married and a mother with two children. He applied for Atatürk University Dentistry faculty the departmant of Oral-Diagnose and Radiolog Clinic with the complaint of tootache. In her examination, a hard and round, brown shelled and 5 mm- diametered, and rough lesion was observed in left side of lower lip. In oral examination, gingiva, soft tissue and tongue were normal appearance, and there was no lesion appeared once a month or every two months in the on set of menstruation period, and It first become vasculaire type. Then It was torn and it become shelled. Healed in 7-10 days and that it was not “vesicles” She indicated that there were no similar lesions in any part of her body and in her family members. Our patient who informed that She had no other systemic disease said that she had never used and will never use any medicine for “vesicles”

DISCUSSION

Recurrent may vary. There is literature that certain factors such as ultraviolet light, systemic infections, physical trauma, emotional stress, fever, tooth extraction and menstruation triggered the recurrence.1,2,8,11,20,23,25

In the reactivation of HSV infection, clinical lesions are usually observed on the mucocutaneous parts of the lips. However, intra-oral recurrent has also been reported. The frequency of recurrence vary among patients. Yet, It has been indicated that involvement occurs once every month or more in 25% of the patients affected by recurrent herpes labialis.5,7

Herpes labialis, in our case, repeating every month or every two months at the beginning of menstruation period is in conformity with the above mentioned findings.

Besides, It was indicated that recurrence increases as a result of cancer chemotherapy, HIV infection, aplasia of the bone marrow as a result of leukemia and after the restraint of the immunity system due to the administration of some medicine after transplantation. The oral lesion appearance of the secondary herpes simplex infection in these patients is variable and very dramatic. Vesicula and bullae lead to wide ulcerative sites. Healing occurs more lately.5,15,23,27,31,32,36,37

Primary HSV 1 infection, subclinical or acute may cause to some diseases. These are gingivostomatitis, rhinitis, vulvovaginitis, keratoconjunctivitis, meningoencephalitis, eczema herpeticum and whitlow.2,5,7,9,12,22,24

No trombocytopenia was observed. However, Minor trombocytopeny was considered responsible for the formation of purpura in some cases.9

It was thought that herpes virus, among some malignity etiologies may play a role according to various studies done. Among these HSV 1 was related to oral cancer (squamous-cell tumors), HSV 2 to cervical cancer, Epstein-Barr Virus to Burkitt’s lymphoma and nasopharyngeal carcinoma, and cytomegalovirus to Kaposi’s sarcoma 13,16,32,33,35,38

Moreover, there are papers about the relation of HSV 1 with erythema multiforme, cranial nerve palsy, cluster headaches, bebct’s Syndrome, recurrent apthae and duodenal ulcer.7,28,30,34
REFERENCES


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