

The Common Symptoms and Treatment for Oral Herpes

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DESCRIPTION

Oral herpes is also called herpes labialis. Oral herpes is caused by type 1 of the Herpes Simplex Virus (HSV-1). Cold sores and fever blisters are the symptoms of oral herpes. Sometimes oral herpes shows no symptoms [1,2].

Causes of oral herpes

There are two varieties of the Herpes Simplex Virus (HSV) namely HSV-1 and HSV-2. HSV-1 causes oral herpes, whereas HSV-2 causes genital herpes. Oral herpes occurs due to direct contact between the contagious area of broken skin (a cut or break) or through mucous membrane tissue.

Stages of oral herpes

Oral herpes includes three primary stages.

(a) **Primary infection:** The virus migrates through the sensory or autonomic ganglia.

(b) Latency: It can be related to the host developing a chronic illness that lasts for lifetime where it will be in a dormant stage until its reactivation.

(c) **Recurrence:** After the initial infection and any latent periods, outbreaks may occur again.

Symptoms of oral herpes

Typically, oral herpes is asymptomatic. If symptoms exist, they typically show up during the initial infection or recurrence phase.

Incubation period

The time duration between virus exposure and the onset of symptoms is 2 to 12 days for oral herpes. The length of the illness will be two to three weeks.

Symptomatic time frame

The most common symptoms of oral herpes are fever, fatigue, muscle aches, irritability, oral sores, and swollen lymph nodes.

Treatment

Even though oral herpes symptoms will disappear on their own in one to two weeks without treatment, there are some circumstances where an HSV-1 infection can be more serious and lead to complications, mostly affecting the eyes, fingertips, and skin [3]. If necessary, specific antiviral drugs are used to treat the condition. These drugs will assist the pain and help symptoms disappear more quickly. Drugs like acyclovir, famciclovir, and valacyclovir are used to treat HSV-1, and they are most effective when taken at the initial stages of the symptoms of an impending flare-up appear or before blisters form [4].

CONCLUSION

Mostly herpes simplex virus-1 will cause the oral herpes. It mainly causes due to direct contact with the infected person and will be contagious for upto 15 days. The activation of recurrence are illness, stress, sunlight, and in women menstruation will cause the outbreak of the herpes. To treat the oral herpes, acyclovir ointment is applied topically five times a day or 400 mg orally twice a day, valacyclovir 1 mg a day, or famciclovir 250 mg twice a day is used to reduce the severity of the recurrence. It can be prevented by good hygiene practices like washing hands, and avoiding contact with lesions and secretions.

REFERENCES

- 1. Opstelten W, Neven AK, Eekhof J. Treatment and prevention of herpes labialis. Can Fam Physician. 2008;54(12):1683-1687.
- 2. Stoopler ET, Sollecito TP. Oral mucosal diseases: evaluation and management. Med Clin North Am. 2014;98(6):1323-1352.
- 3. Stumpf MP, Laidlaw Z, Jansen VA. Herpes viruses hedge their bets. Proc Natl Acad Sci. 2002;99(23): 15234–15237.
- Stephenson-Famy A, Gardella C. Herpes simplex virus infection during pregnancy. Obstet Gynecol Clin North Am. 2014;41(4):601-614.

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