

RECURRENT ERYTHEMA MULTIFORME ASSOCIATED WITH RELAPSING HERPES SIMPLEX (A case report)

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Summary

A case of recurrent erythema multiforme associated with relapsing herpes simplex (labialis) in a young soldier is described. The herpes lesions were treated with ether compresses with a hope of prevention of relapses.

Introduction

Erythema multiforme can be precipitated by viral and bacterial infections, drugs (barbiturates, antipyrine, salicylates, sulphonamides), pregnancy, cancer, lupus erythematosus and X-Ray therapy¹. Some cases are idiopathic. Indian literature has not recorded so far any case of erythema multiforme following herpes simplex.

Case Report

A 25 years old soldier was admitted with a history of gradually spreading erythematous, macular as well as target like lesions and erythematous plaques with vesicles over extensive areas of body including face. There was also ulceration over lips, buccal mucosa and genitalia. There was no history of fever, drug ingestion or small pox vaccination prior to the development of these eruptions. Patient had noticed a group of papulo-vesicular lesions with erythema near the left angle of mouth 3 days earlier (herpes labialis.) The case was diagnosed as erythema multiforme due to herpes simplex (labialis).

Patient had his first attack of herpes labialis in 1973 which relapsed three times in 1974 and once in 1975. He noticed a few erythematous maculopapular lesions over dorsa of both hands and forearms during the third attack in 1974. He was hospitalised in May 1975 for about 6 weeks in a different skin centre for treatment of E. Multiforme.

At the time of examination, patient was afebrile. Systemic examination was normal. Cutaneous lesions were papular and vesiculo-bullous suggestive erythema multiforme. Superficial ulceration of herpes labialis lesions were also present. These were secondary infected. Hyperpigmented macules which had resulted from healing of earlier erythema multiforme lesions were seen on various parts of the body.

Investigations

X-Ray chest and blood counts were within normal limits. Skin biopsy was consistent with erythema multiforme.

Treatment

The case was treated with betnelan one tablet 8 hourly, ledermycin 2 capsules twice a day, application of 1% gentian violet locally, condys lotion gargles and vitamins. Patient recovered completely in 10 days time. Herpes

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labialis lesions were treated by pressing a gauze piece soaked in ether for 5 minutes for 2 days. Since ether causes burning and smarting, Xylocaine ointment was rubbed over the lesions prior to ether application.

Discussion

The association of herpes simplex with erythema multiforme is not common. Typical lesions of erythema multiforme may follow Herpes simplex infection after an interval of few days¹. Our patient was suffering from recurrent attacks of herpes (labialis) for 3 years but started getting erythema multiforme only in association with the last three attacks. The third attack was the most severe according to the history.

Treatment of recurrent herpes simplex is unsatisfactory. Various regimes like repeated small pox vaccinations² frequent applications of 5-iodo-deoxy uridine (IDU) as a 5% suspension in dimethyl sulfoxide³ gammaglobulins,¹ application of 0.1% neutral red, crystal violet or proflavin followed by exposure to ultraviolet rays⁴ have all been found ineffective in preventing relapses. Pasricha et al⁵ treated herpes simplex with the application of ether soaks and found good results; such as prevention of further attacks or prolongation of the interval between relapses. They proposed that the virus of herpes simplex is susceptible to ether which is a fat solvent. Our

case is still under observation and there is no relapse for the last 7 months. Three cases of herpes pregenitalis were also treated by this method at this V. D. Centre and all three are free from relapses for one year (unpublished).

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REFERENCES

1. Rook A, Wilkinson DS and Ebling FTG : Text book of Dermatology, 1st Edition, Blackwell Scientific Publications, Edinburgh Vol 1, p 401-404, 770, 1968.
2. Foster PD and Abshier AB: Small pox vaccine in treatment of recurrent herpes simplex, Arch Derm Syph, 36: 294, 1937.
3. Mac-Callum FO, and Juel-Jenson BE: Herpes simplex viral skin infection in man treated with Idoxuridine in DMSO, results of double blind controlled trial, Brit Med J, 2: 803, 1966.
4. Haines HG and Blank H: Viral infections in Recent Advances in Dermatology, Rook A, Churchill & Livingstone, Edinburgh and London, 1973.
5. Pasricha JS, Nayyar KC, Pasricha A: A new method of treatment of Herpes Simplex, Arch Derm; 109: 775, 1974.