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

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SUMMARY

Herpes Simplex virus is the factor of herpetic stomatitis and reccurent herpes labialis, Especially, It occur 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 importanat 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 researhes have shown that herpes virus has got more than 5000 different types and only eight of these can cause ilness in human . [1-7,36] 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. Cytomegalo Virus ; (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 İt 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.1[17]

HSV infection in infected human always remains in the way of the three periods.[1-7,9,26]

- Primer İnfection Period
- Latent Period
- Reactivitation and Recurrent İnfection 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

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premier infection is about 15 % in adults. Disease infects with direct contact. After 15-42 days from begining of premier herpes infection, It has been observed that Virus remains actively in body liguids. 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 seratching 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 predromal priod.[1,7,25]

3-Vesicul Period : One or more vasicular lesions 2-4 mm diametered, 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, that is 48 hours throught. Infection is the highest level, and decreases in the time. Both vasicular liguid 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 patients states that They feel uncomfort for the first 24 hours following to vasicular formation.[1,5,7,9,12]

4-Ulcer Period : Vasicullar in mucosa do not remain constant for along time. In 36 and 48 hours, They are torn and the liguid in them is evacuated. Painful ulcers take their places. There are scab on lesion in skin. In acute herpes gingivo-stomatitis the swelling affecting marginal and papiller 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 uncomfort accompanied by fewer.

5-Recover 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 induvidualis. 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 gonglion. Virus enters from the nerve ends, It hides in the body cycling the gonolions. 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 genoms in which latent virus settled, viral genoms 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 either 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 depertmant 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 appearence, and there was no lesion appeared once a month or every two months in the on set of mensturation period, and It first become vasiculler 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 factor such as ultraviolet light, systemic infections, physical trauma, emotional stress, fever, tooth extraction and menstruation triggered the recurrency.[1,8,11,20,23,25]

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 recurrency 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 recurrency 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 secondery herpes simplex infection in these patients is variable and very dramatic. Vesicula and bullea lead to wide ulcerative sites. Healing occurs more lately.[5,15,23,27,31,32,36,37]

Primary HSV 1 infection, subclinic 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 trombocytopathy 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. Amonge 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 [15,16,32,33,35,38]

Moreover, there are papers about the relation of HSV 1 with erythema multiforme, cranial nerve palsies, cluster headaches, behcet's Syndrome, recurrent apthae and duodeunal ulser.[7,28,30,34]

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