



Herpetic Gingivostomatitis

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A four-month-old girl was brought in due to fever, wounds in the mouth and feeding difficulties. Her complaints started three days earlier with fever. Two days ago, wounds in the mouth, lips, and tongue appeared and gradually increased. Since the wounds were painful, the feeding of the baby was impaired in the last two days. On examination, he had aphthous lesions involving the mucosa and tongue in the anterior part of the mouth, bleeding cracks on the lips, and papulovesicular rashes around the mouth. The patient was diagnosed as herpetic gingivostomatitis. Intravenous acyclovir, hydration and local analgesic care for the mouth were initiated. The patient's fever lasted for next three days and her mouth lesions gradually improved and she began to feed. He was discharged on the seventh day of hospitalization.

Herpetic gingivostomatitis is caused by the herpes simplex virus type 1 (HSV-1). Children often acquire the virus through direct contact with infected oral secretions or lesions. The virus source is usually symptomatic or asymptomatic individuals with primary or recurrent HSV infection. Primary herpetic gingivostomatitis usually occurs with vesicular lesions around the mouth and ulcerative lesions in the anterior part of the mouth.

It can significantly impair children's feeding. Clinical diagnosis of the disease is sufficient. Supportive treatment is adequate for most patients, but acyclovir contributes to recovery, especially when it is started within the first 72 hours of the disease.



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