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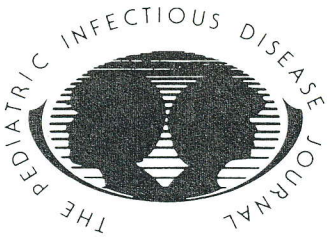


INFORMATION FOR PARENTS AND PATIENTS

Herpes Gingivostomatitis

(Oral herpes, mouth herpes)

General Information

Herpes gingivostomatitis is an infection caused by the herpes simplex virus involving the mouth, throat and parts of the face. It is a common childhood illness, usually occurring between 6 months and 5 years of age, although older children and even adults may become infected. Once a child is infected with herpes, s/he carries the virus for life. It can reappear on the lips in later years as "cold sores" or "fever blisters."

The virus is spread by direct contact with infected mucus or saliva, usually through kissing or sharing eating utensils. Although the person spreading the virus may have a cold sore, in most cases s/he is without symptoms. Illness begins from 2 to 12 days after contact.

The Illness

Most children with herpes infection have either no symptoms or only a few sores in the mouth and a slight sore throat.

The more severe cases have ulcers and erosions in the mouth extending from the lips, along the tongue and cheeks, to the back of the throat. The gums are usually swollen and reddened and bleed easily. These children often have a high fever (101–104°F; 38.3–40°C), intense pain in the mouth and trouble swallowing. They are very irritable by day and restless at night. Poor appetite, headache and foul breath are common complaints. Lymph nodes (glands) in the neck may be swollen and tender.

When virus is spread in saliva or on fingers to other parts of the body, ulcers and small blisters may appear on the face, hands and even, rarely, the genitals. These sores can be particularly severe and widespread in children with eczema or other skin conditions.

Fever generally lasts from 4 to 7 days; the total course of the illness is 10 to 14 days.

When To Call Your Doctor

You should call our office if you feel frightened or worried about your child's illness.

We would like you to call our office immediately if your child: is very weak or can't be awakened; has marked behavior changes; sees thing that aren't there; or has seizures.

Call us during regular office hours (and on weekends) if your child: refuses liquids for more than 6 hours; shows signs of dehydration such as decreased urination or a dry mouth; has sores appearing near the eyes; has fever for more than a week or mouth ulcers that become worse after 7 days.

Treatment

The most important part of treatment is to keep your child drinking as normally as possible, especially since the fever requires more fluid intake. Bland fluids such as apple juice, GatorAde®, liquid flavored gelatin or lukewarm broth are easiest to drink. Sucking on a Popsicle® or sherbet is comforting. Avoid citrus juices and spicy or salty foods. In the event of severe disease, your physician may use intravenous fluids (IVs) to prevent dehydration.

Acetaminophen (e.g. Tylenol®, Tempra®, Panadol®, Liquiprin®) can be used for temperatures over 101°C (38.3°C) and to decrease pain. Your doctor may wish to prescribe stronger pain medication if needed.

Medicines that decrease feeling in the mouth such as viscous lidocaine or other topical anesthetics last only a very brief period of time. By numbing the mouth, they may cause your child to further injure damaged tissues without knowing it.

Antibiotics are of no help in treating this infection. A new antiviral drug, acyclovir, although probably effective is not approved for use for this form of herpes.

Your child may determine his/her own level of activity.

Editor, S. Michael Marcy, M.D.; Associate Editors, Michael E. Pichichero, M.D. and Richard H. Schwartz, M.D.

Contagion

Children with oral herpes are contagious until the mouth sores are gone and all skin blisters are dry and scabbed over.

Other children and adults should avoid contact with saliva or sores as much as possible. If contact occurs, the area should be washed with soap and warm water. Eating utensils, cups, towels, pillows and bedclothes should not be shared before washing in soap and hot water.

The ill child should not be in contact with: infants under 1 month of age; persons receiving steroids or chemotherapy; persons with resistance problems (such as immunity disorders, cancer or acquired immunodeficiency syndrome (AIDS)) or chronic skin conditions.

Return to Group Activities

Your child may return to school or day care when fever is gone and the mouth sores are healed. Children with recurrent cold sores need not be excluded from group activities but should avoid sharing utensils.

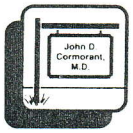
Common Concerns

Oral herpes, unlike genital herpes, is not a venereal or sexually transmitted disease. It is a normal childhood illness.

The small ulcers that occur inside the mouth of healthy children and adults (canker sores, aphthous ulcers) are not caused by herpes virus.

Other viral or allergic conditions may look like a herpes infection. If you are uncertain, ask your doctor for advice.

There are no vaccines, injections, over-the-counter medicines, or health foods useful in preventing or treating herpes infection.



Recheck Appointment

Make an appointment to be seen in _____ days.

Not necessary _____

Other _____

_____

_____

Further Advice from Your Doctor

_____

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_____

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