

A young man in his 20's attended clinic as he had been diagnosed with genital herpes by his GP 5 days earlier and put on Aciclovir 400mg tds. His girlfriend had previously attended A&E (Countess) with probable genital herpes a week before.

It was quite an extensive infection with very swollen foreskin and ulcers. He had also developed red patches on his shins and a few on the thigh within 2 days of commencing acyclovir. As he had already had 5 days of acyclovir, Dr Bell thought it might be a drug reaction and so the acyclovir was stopped. He reattended here 5 days later, still in severe pain and on examination he had a very severe ulcerated meatitis (image). HSV swab laboratory result was back as low level positive result for HSV type 1 PCR. The rash had receded initially but was now back worse than ever and this was diagnosed as either erythema nodosum or erythema multiforme (image). Both skin conditions are known to occur with infections but erythema multiforme is common with any herpes infection. Along with the lumpy rash it can cause mucosal ulceration. I suspect the new ulcers at the meatus are immune ulcers and not herpetic. However I've given him more acyclovir and asked him to return. If ulcers still present he should get a steroid cream. Rarely this can progress to a 'Stevens Johnson Syndrome' with life threatening mucosal ulceration and desquamating skin lesions.

Dr Colm O'Mahony and Dr Gail Bell







