

Images in medicine



Palate herpes simplex virus infection

Giovanna Mosaico¹, Cinzia Casu^{2,&}

¹RDH, Freelancer in Brindisi, Brindisi, Italy, ²Private Dental Practice, Cagliari, Italy

[&]Corresponding author: Cinzia Casu, Private Dental Practice, Cagliari, Italy

Key words: Oral herpes simplex virus, palate ulcer, palate herpes simplex virus

Received: 01 Apr 2019 - Accepted: 11 Nov 2019 - Published: 15 Apr 2020

Pan African Medical Journal. 2020;35:123. doi:10.11604/pamj.2020.35.123.18748

This article is available online at: <http://www.panafrican-med-journal.com/content/article/35/123/full/>

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A 50-year-old man came to our private practice, for palate pain and difficulty swallowing. The medical history reported gastro esophageal reflux, otherwise the patient was in good health. He reported having recently suffered from a flu syndrome treated with antibiotics (amoxicillin and clavulanic acid) cortisone and anti-inflammatory drugs. At the second day of drug therapy, the patient started to have severe oropharyngeal pain with inability to eat, reflex sialorrhea and dysphagia. From an objective examination of the oral cavity, we could see vesicular lesions along the right arch of the hard palate with partial extension to the left. A diagnosis of herpetic infection was made. The erythematous and oedematous mucosa was in the ulcerative phase. Paracetamol and systemic acyclovir have been recommended to alleviate general symptoms, fever and pain. The patient was advised to not touch the palate with his hands to avoid the expansion of the virus in other facial areas. The prescribed therapy was not performed due to the increase in esophageal gastrointestinal reflux, so after 3 weeks the lesion was still present if

reduced. The differential diagnosis could be thermal burn, chemical trauma, herpes zoster lesion (VZV).



Figure 1: particular manifestation of herpes simplex infection, beyond the midline