

MEDICAL GRAND ROUNDS

February 21, 1957

Case 1. Recurrent Herpes Simplex

██████████, white male, ██████████, conscientious ██████████, has been suffering from recurrence of cold sores about the mouth since the age of seven. From the age of 7 to 20 it was noted that the lesions were much more extensive than in the past few years and tended to involve wide areas of the face about the lips. Upon entering ██████████ school the cold sores virtually disappeared for a period of two years. During the past year, however, there has been a recurrence of the lesions but in a milder form than previously. They usually begin by a sensation of itching just at the time that the first fever blister is noticed. These increase in number within 12 hours until a patch of vesicles is formed. They may be located anywhere between the lip and nose. It has been observed that the lesions are brought out by local trauma, fever, and exposure to cold. There are no known psychosomatic disturbances connected with the occurrence. Both parents also give a history of recurrent herpes simplex.

Case 2. Acute Herpetic Gingivostomatitis

██████████ This 19 y/o white female ██████████ developed a sore throat with low grade fever 3 days prior to admission. Pain on deglutition became quite severe and prompted hospitalization. Multiple herpetic lesions were noted, with giant epithelial cells seen on smear. Gradual improvement occurred on symptomatic therapy.

Case 3. Keratoconjunctivitis resembling the Herpetic type

██████████ This patient developed conjunctivitis associated with preauricular adenopathy, severe photophobia and the systemic symptoms of low grade fever, malaise, and myalgia. This process developed soon after contact with patient ██████████ (case 4) and resulted in a small corneal ulcer. A virus was isolated from the lesion by inoculating the eye of a rabbit. No giant epithelial cells were found. There was no response to local antibiotic therapy but marked relief occurred with the use of hydrocortisone drops.

Case 4. Isolation of Herpes Virus from a case of aseptic meningitis and encephalitis.

██████████ Soon after falling onto her buttocks, this 19 year old school girl began having malaise, myalgia, and anorexia. Three days later, fever, chills, and a severe generalized headache began. On that same day, she felt a burning sensation in her low back and found 4 small vesicular, umbilicated lesions at the base of the spine. During the next 2 days, she became alternately restless and lethargic, began to vomit and have photophobia. Physical exam revealed T = 99.4, nuchal rigidity, bilateral papilledema, a distended urinary bladder, hypoactive knee and ankle jerks, and herpetic lesions at the base of the sacrum in the midline. Her WBC was 9,000 with 80% polys and 20% lymphs. An L.P. obtained opalescent fluid under 320 mm H₂O pressure with 430 mononuclear cells, 98 mgm% protein, and 68 mgm% sugar (simultaneous blood sugar was 93 mgm%). This fluid was sterile on routine acid-fast, fungus and egg cultures. She received I.V. penicillin and achromycin for 3 days and thereafter only symptomatic therapy. She remained afebrile and made a gradual apparently complete recovery. Fluid from the herpetic lesions contained typical multinucleated giant epithelial cells and produced typical herpetic keratitis in the rabbit.

Case 5. Pneumococcal Meningitis and Recurrent Herpes Simplex

██████████ 64 y/o colored female admitted on ██████████/55 with a history of having had a cold for one week, headache for one day, and lethargy progressing into coma with frequent generalized convulsions on the day of admission. She was seen here in this state with $T = 104^{\circ}$, marked nuchal rigidity, hyperactive deep tendon reflexes and positive bilateral Babinski signs. An L.P. obtained cloudy fluid with a pressure of 45 cm., containing 765 WBC's (75% PMN), 400 mgm% protein and 16 mgm% sugar (simultaneous blood sugar = 245 mgm%). Lancet-shaped Gram positive encapsulated diplococci were seen on the smear, and these proved to be *Diplococcus pneumoniae*, Type 12.

Treatment with I.V. penicillin (30 million units daily) for 7 days and ACTH (40 units I.V. daily) for 9 days resulted in an apparently complete resolution of the meningitis.

On the 5th day of hospitalization, typical herpes simplex lesions were found on the lips and hard palate. Smears of the lesions revealed typical giant epithelial cells of simplex infection. The rash persisted and was quite troublesome for 14 days.

Case 6. Meningococcal Meningitis and Recurrent Herpes Simplex

██████████ Two days prior to admission, this 18 y/o white female developed a cold, followed by hip pain and headache. On the day of admission, chills, fever, nausea, vomiting, and the rather sudden onset of maniacal behavior progressing to coma were noted. She was febrile and had marked nuchal rigidity. The spinal fluid was grossly purulent and revealed *Neisseria meningitidis* (non-typable) on culture. Marked improvement occurred within 24 hours after institution of I.V. penicillin hydrocortisone and ACTH. Her recovery was marred only by the appearance of multiple herpetic lesions around the mouth on the 3rd hospital day. These interfered with eating and remained for 8 days.

Case 7. Generalized Herpes Zoster

██████████ This 61 y/o white male was hospitalized for 3 months for evaluation of a RUL infiltrate which was thought, but never proven, to be bronchogenic carcinoma. In addition to this pulmonary disease, which was accompanied by recurrent pleural effusions, he also had diabetes mellitus and chronic pyelonephritis. Some time before admission, a rash had appeared on his scrotum, with both marked hyperemia of the scrotal skin and an ulcerated erythematous penile lesion present on admission. During his hospitalization, rapid dissemination of this process occurred with appearance of numerous encrusted lesions on the trunk and extremities. Fluid from a typical lesion failed to infect a rabbit's cornea, but was found to have numerous giant epithelial cells.

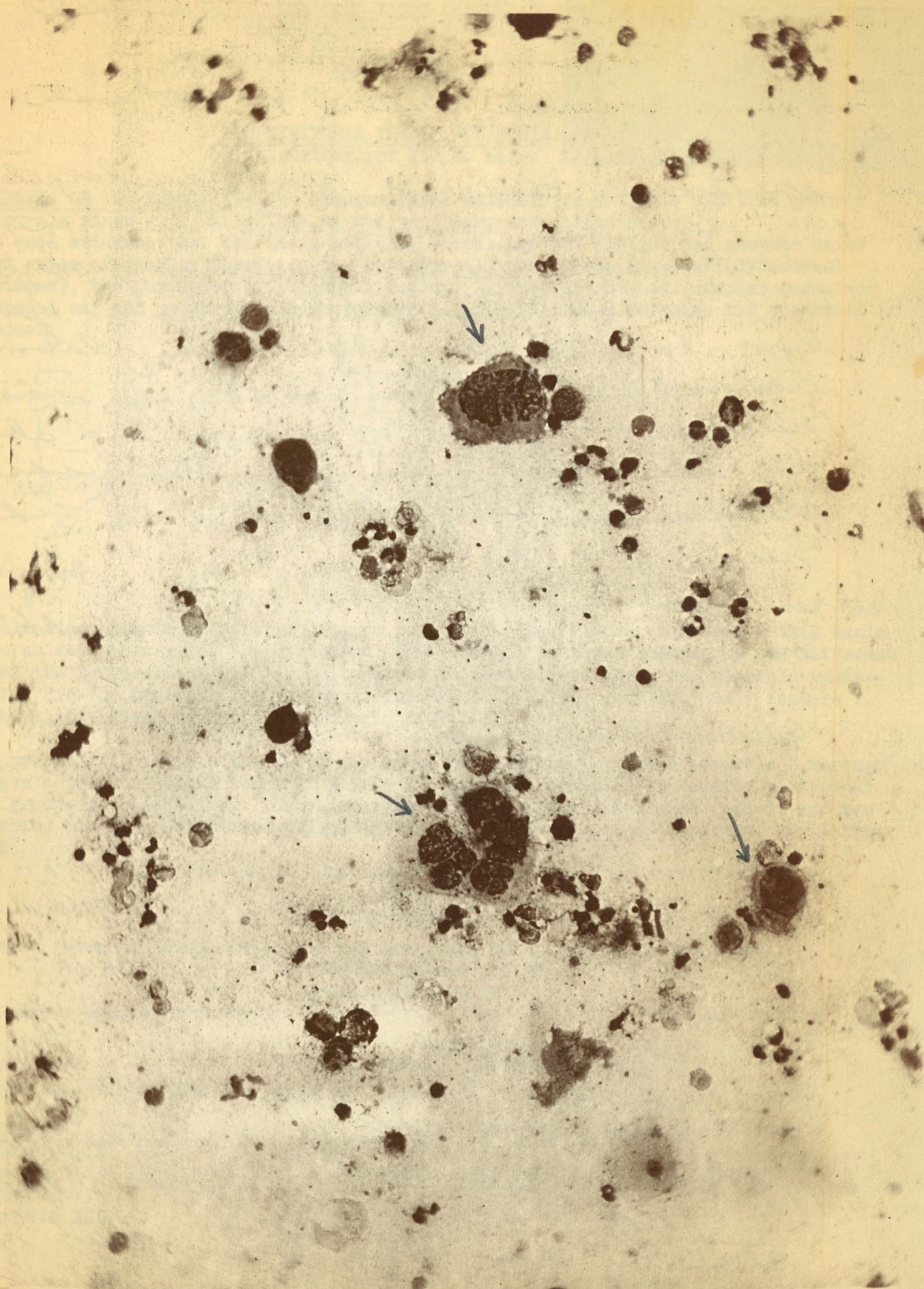
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5. Rogers, A.M., Coriell, L.L., Blank, H., and Scott, T.F.M. Acute herpetic gingivostomatitis in the adult. *New Eng. J. Med.* 1949, 241:330-333. (3 cases of primary infection characterized clinically by: 1) no past history of fever blisters, 2) recent contact with a person with cold sores; 3) sore mouth with many small shallow discrete ulcers and acutely inflamed gingiva; 4) few vesicular lesions; 5) enlarged tender regional nodes; 6) fever; 7) normal WBC; 8) healing during second week without scarring.)
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Giant Epithelial Cells of Herpes Simplex Stomatitis in Patient with
Pneumococcal Meningitis (Case 5)