Anogenital herpes in a toddler acquired via innocent transmission
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Herpes simplex is a common recurrent viral infection caused by two distinct viruses, herpes simplex 1 (HSV-1) and herpes simplex 2 (HSV-2). Anogenital herpes in toddlers and prepubertal children is rare and has serious medical, social and legal implications.

We describe a case of ano-genital herpes in a toddler due to HSV-1, which was concluded to have been transmitted via a non-sexual route after the possibility of sexual abuse, was investigated.

An 18-month-old girl presented with 1-week history of a rash in the napkin area. Her past medical history included an episode of meningitis with complete recovery. The child appeared systemically well and on examination there were multiple monomorphic vesicles and crusted papules on the labia majora extending to the perineum and peri-anal skin. The appearances were typical of herpes infection and on questioning, the patient’s father gave a history of a cold sore on his lip a week prior to the onset of the rash.

The diagnosis was confirmed using PCR on a skin swab which demonstrated HSV-1 DNA. PCR for HSV-2 and varicella zoster viruses was negative. Screening investigations for sexually transmitted diseases including chlamydia and gonorrhoea were negative, as was an HIV test. Further investigations for evidence of immunodeficiency were normal.
Fig 2: vesicles in the perianal area

The patient was treated with intravenous aciclovir and flucloxacillin and she healed completely. The safeguarding team were involved and the possibility of sexual abuse was investigated but there was no evidence of this.

Herpes has been noted for more than 2,000 years, with the early Greeks first recognising this infection. Although HSV-1 causes the majority of cases of oral herpes and HSV-2 genital herpes, both viruses can cause both oral and genital herpes, and both produce similar symptoms and signs including fever, monomorphic blisters and crusted papules.

Anogenital HSV-1 infection in prepubertal children raises the possibility of sexual abuse and must be investigated. However, anogenital HSV-1 can also be transmitted via non-sexual routes such as autoinoculation or accidental/innocent transmission by the diseased individual/carer. In this case, it is assumed that the HSV-1 was accidentally transferred from the father’s lip to his daughter on his fingers when changing her nappy. Genital HSV-2 in older children is commonly sexually acquired. There is no cure to herpes and patients should be counselled regarding possibility of recurrences.