An unusual case of pharyngo-tonsillar ulceration

Trafford
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Introduction

Herpes Simplex 1 virus (HSV-1) has historically been known to cause oral and genital symptoms, whereas Herpes Simplex 2 virus (HSV-2) is mostly associated with genital symptoms. We present the first reported case in the UK of primary Herpes Simplex 2 virus causing genital and pharyngo-tonsillar ulceration in a sexually active female patient.

Case

- A 33 year old female patient attended the GUM clinic reporting 2 day history of genital sores associated with dysuria
- No symptoms of discharge or abnormal bleeding
- She had recently completed a 3 day course of Nitrofurantoin for presumed urinary tract infection with no effect
- She is currently taking a course of Penicillin for tonsillitis
- She is on the combined pill and is sexually active, with a new male partner of 1 month duration

Examination

- Bilateral cervical chain lymphadenopathy
- Pharyngeal examination revealed pustular looking tonsils with bilateral ulceration, more marked on the left
- Bilateral inguinal lymphadenopathy
- Multiple herpetic lesions on the labia majorum and minorum
- Speculum revealed creamy discharge with normal cervical appearance
- Bimanual examination was unremarkable

Investigations

- A full sexual health screen including HIV, syphilis, chlamydia and gonorrhoea was performed
- Same day microscopy revealed changes consistent with bacterial vaginosis
- HSV PCR swabs taken from both tonsillar and genital sores
- She was treated empirically with a 10 day course of oral Aciclovir 200mg 5 times daily and oral Metronidazole 400mg BD for 5 days
- Follow up was arranged for 1 weeks time
- Repeat examination at follow up appointment revealed fully healed genital sores and normal tonsillar appearance
- Tonsillar and genital swabs HSV-2 positive. All other results negative

Discussion

Over the years, there have been several case reports from America^{1,2} and Europe³ describing severe cases of pharyngitis or pharyngeal-tonsillar ulceration caused by Herpes Simplex 2 virus in immuno-competent individuals. These transmissions are thought to be acquired via oral-genital spread. This is the first reported case in the UK of HSV-2 presenting with both tonsillar and genital ulceration in a sexually active young women.

The pathogenesis of tonsillar HSV-2 is felt to be either related to direct inoculation with the virus or opportunistic secondary to bacterial infection. Patients tend to respond well to antiviral treatment via oral or intravenous routes. Our patient made a full recovery after 10 days of oral Aciclovir therapy. HSV-2 recurs more frequently than HSV-1 when seeded in the sacral ganglia. It is unclear from published research whether the same applies to HSV-2 that is seeded in extra genital sites such as the cranial ganglia. It would be helpful to inform the GP, with the patient's permission, of the possibility of HSV-2 recurring in the tonsils, as prompt antiviral treatment might alleviate symptoms and reduce need for unnecessary antibiotics.

References

1. EJ Young et al. Acute pharyngotonsillitis caused by Herpesvirus type 2. *JAMA*. 1978; 18: 1885-1886
2. AW Tustin et al. Life-threatening pharyngitis caused by herpes simplex virus type 2. *Sex Trans Dis*. 1979; 1: 23-24
3. J Rosain et al. Severe acute pharyngotonsillitis due to herpes simplex virus type 2 in a young woman. *J Clin Virol*. 2015; 63: 63-65