

Viral infections

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The main viral diseases of the skin

- Herpes simplex
- Herpes zoster
- Wart
- Molluscum contagiosum

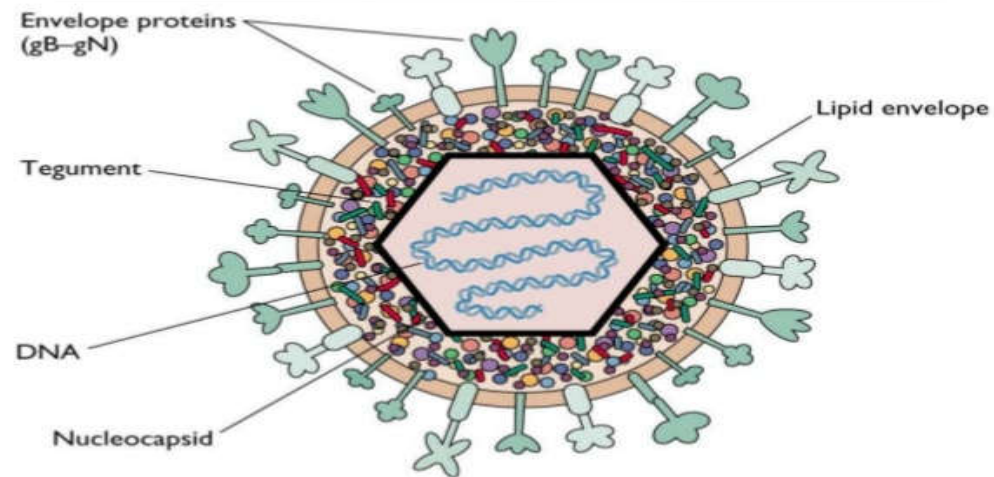
Herpes simplex

- Type 1,,,,, Facial infection
- Type 2,,,,, Genital infection
- Modes of infection:

Droplet Direct contact

Human Herpes Virus

Structure



Herpes simplex





Herpes infection

- Primary: Symptomatic in 10%.....Children.....Constitutional symptoms....Enlarged LN
Large vesicles....not grouped.....dissiminated
- Recurrent: Grouped vesicles,,,,,No general symptoms

Clinical variants of primary herpes simplex

- Herpetic gingivostomatitis
- Herpes genitalis
- Keratoconjunctivitis
- Eczema herpeticum (Kaposi's varicelliform eruption)
- Neonatal herpes simplex

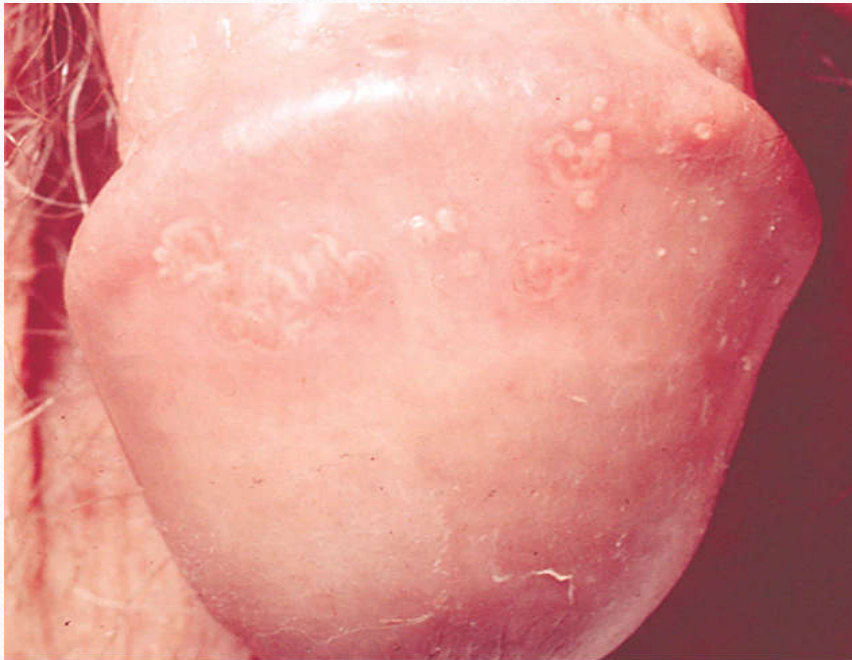




Eczema herpeticum



Genital herpes





Recurrent herpes simplex

- Stress
- Immunosuppression
- Menstruation
- Infection
- Minor trauma

Recurrent herpes simplex variants

- Herpes facialis
- Herpetic Keratoconjunctivitis
- Herpes genitalis

Treatment of herpes simplex

- Topical: antibiotic, antiseptic lotion, acyclovir cream
- Systemic: Acyclovir, valacyclovir

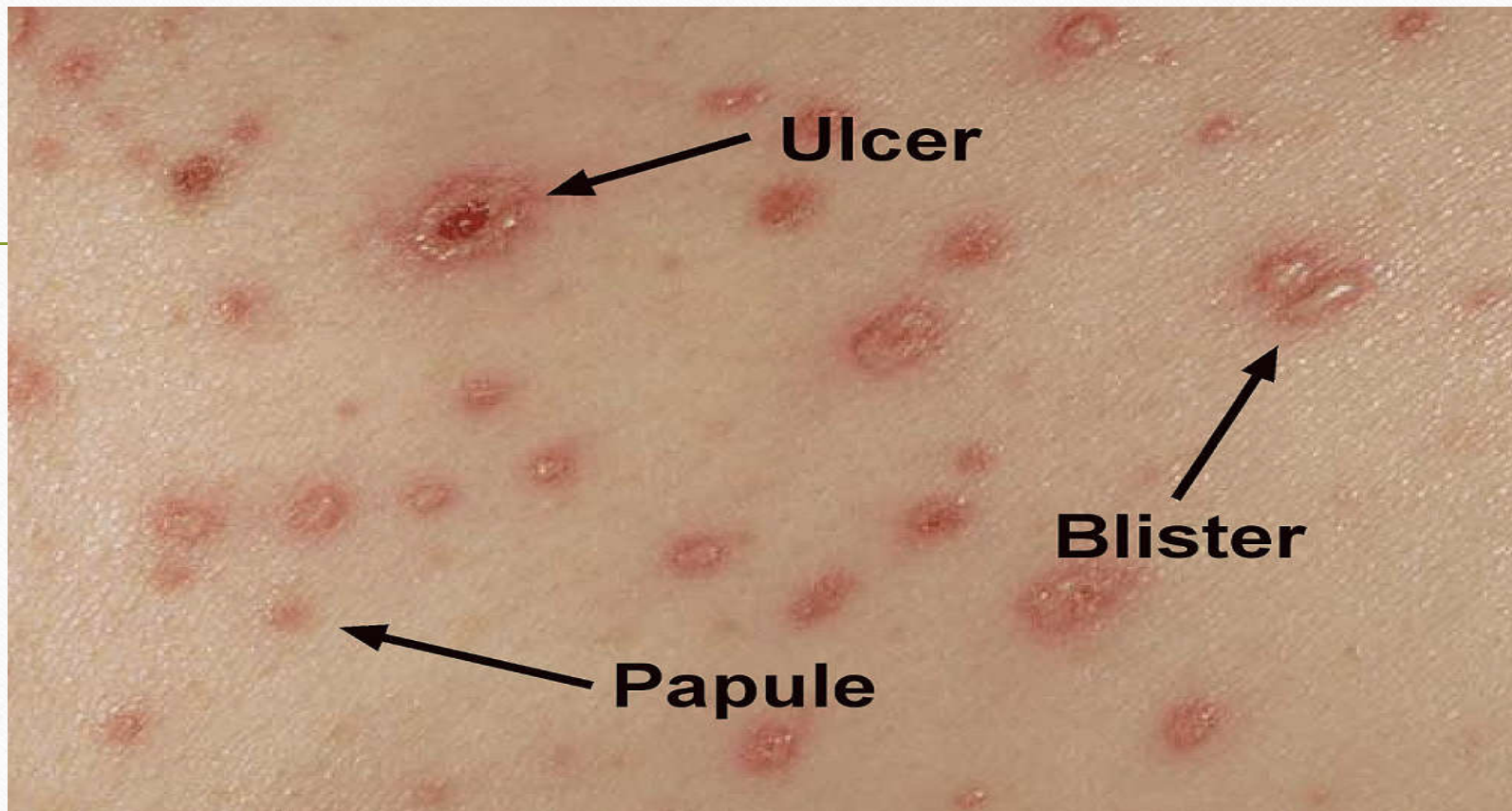
VARICELLA (CHICKEN POX)

- Organism: Varicella zoster (HHV 3)
- IP: 10-20 days
- Mode of infection: Direct contact or droplet
- Usually permanent immunity
- Mainly in children
- Symptomatic in 95% of cases

Clinical picture

- **General:** fever, malaise, headache, enlarged LN
- **Ctanueous:** vesicles – pustules – crustations (polymorphic lesions)
- **Healing:** Without scar
- **Distribution:** Centripetal (mainly on the trunk, face & oral mucosa)







Varicella Complications

- Varicella pneumonia.....Fatal
- Neonatal varicella

Treatment

- Treatment is symptomatic
- Antipruritic lotions & anti histamines are given for itching
- Antibiotics for secondary infection
- Acyclovir in Severe cases 20mg/kg

HERPS ZOSTER

- Organism: Zoster virus (Reactivation of varicella virus)
- Age group: Middle aged and elderly
- Mode of infection: mostly reactivation of the latent virus in immunosuppressed patients
- IP: 2-3 weeks

Clinical picture of Zoster infection

- **Pain**.....usually the first manifestation
- Following distribution of a sensory nerve
- Eruption consists of **Grouped vesicles on an erythematous base**
- The vesicles become pustular ,crust & heal in 2 –4 weeks with **scar**
- The regional L .N. are enlarged & tender
- The eruption mostly **unilateral** and usually affects **one dermatome**
- The thoracic (commonest) & lumbo-sacral dermatomes are the most commonly affected





OPHTHALMIC ZOSTER (H.Z. OPHTHALMICUS)

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- H .Z. may affect any division of the trigeminal nerve but the **ophthalmic** division is the most frequently involved
 - Ocular involvement is most commonly in the form of **Uveitis & Keratitis**

Herpes zoster ophthalmicus





RAMSY-HUNT SYNDROME

- It is due to involvement of the geniculate ganglion
It constitutes vesicles on the external ear, facial palsy & auditory symptoms as rhinitis, deafness & vertigo

Complications of herpes zoster

- Post –herptic neuralgia
- Ocular complications
- Secondary bacterial infection & gangrene
- Encephalitis
- Facial palsy

Treatment of herpes zoster

Topical treatment

Systemic treatment

- Analgesics for pain
- Antibiotics for secondary bacterial infection
- Acyclovir & New anti-viral drugs

WARTS (VERRUCAE)

- Organism: HPV (Frequent types)
- Mode of transmission: Direct contact

Clinical

- Common warts
- HPV 1,2,4



- Plane warts
- HPV 3, 10
- Koebner phenomena



- Filiform warts



- Plantar warts



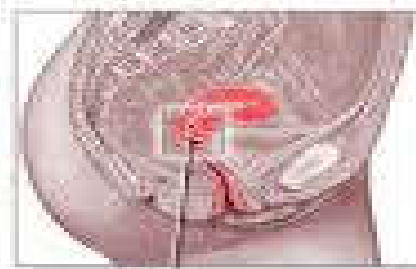
- Anogenital warts
(Condylomata acuminata)
- HPV 6, 11
- Sexually transmitted infection



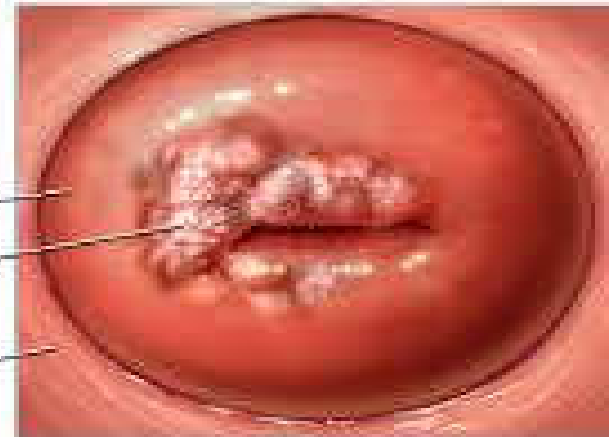
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- Cancer Cervix
- HPV 16, 18



Cervix as seen
through a speculum



Cervix

Cancer
tissue

Vaginal
wall

Treatment of warts

- Chemical Treatment
 - Salicylic acid 15- 20 %
 - Podophylin 10- 25% for Condylomata acuminata
 - Formalin 2-3 %for planter warts
- Electrocautery
- Cryotherapy with liquid nitrogen or carbon dioxide snow
- Laser therapy

HPV Vaccines

- Cervarix for HPV types 16,18
- Gardasil for HPV types 6, 11, 16, 18

Molluscum contagiosum

- *Molluscum contagiosum virus* (Pox virus , DNA virus)
- *Direct contact*
- *Sexual contact*



Treatment of MC infection

- Spontaneous disappearance
- Curettage and diathermy
- Squeezing with forceps
- Focal TCA peel
- Topical 5% imiquimod
- Cryotherapy

Thank You!

