

**HERPETIC
GINGIVOSTOMATITIS
IN CHILDREN**

- Primary herpetic gingivostomatitis is characterized by ulcerative lesions of the gingiva and mucous membranes of the mouth, often with perioral vesicular lesions
- Herpetic gingivostomatitis is almost always caused by herpes simplex virus type 1 (HSV-1)
- Primary herpetic gingivostomatitis typically occurs in children between six months and five years of age

- Clinical features of HSV-1 stomatitis include a prodrome of fever and constitutional symptoms, followed by oral and extraoral lesions. The lesions begin as vesicles, which coalesce to form painful ulcers with generalized edematous and bleeding gingiva. Associated findings include fever, bad breath, refusal to drink, anorexia, and submandibular or cervical lymphadenitis.

- The enanthem begins with red, edematous marginal gingivae that bleed easily and clusters of small vesicles. The vesicles become yellow after rupture and are surrounded by a red halo. They coalesce to form large, painful ulcers of the oral and perioral tissues and they bleed easily and may become covered with a black crust.
- The lesions involve the buccal mucosa, tongue, gingiva, hard palate, and pharynx; the lips and perioral skin are affected in approximately two-thirds of cases. Mild lesions typically heal without scarring in about a week, but healing may require 14 to 21 days in severe cases.



Oral candidiasis



Herpetic Whitlow









Oral Aphthae



Hand Foot Mouth



- The diagnosis of gingivostomatitis generally is made clinically, based upon the typical appearance and location of oral and extraoral lesions
- In cases where it is necessary to confirm an etiologic diagnosis, HSV-1 can be diagnosed with viral culture, serology, Immunofluorescence, or polymerase chain reaction (PCR).

DIFFERENTIAL DIAGNOSIS

- Herpangina
- Hand Foot Mouth disease
- Aphthous stomatitis
- Oral candidiasis
- Steven-Johnson

SUMMARY AND RECOMMENDATIONS

- We do not suggest the use of topical therapies to coat the lesions or soothe pain in children with HSV gingivostomatitis ([Grade 2C](#)).
- We suggest oral [acyclovir](#) for immune-competent children with herpetic gingivostomatitis who present within 72 to 96 hours of disease onset if they are unable to drink or have significant pain ([Grade 2A](#)). We use 15 mg/kg (maximum dose 200 mg) five times per day for five to seven days.