



Primary Herpetic Gingivostomatitis

General Information:

- Usually affects children between ages 1 to 10 years old.
- Primary disease had incubation period of 4 days to 2 weeks
- Typical route of exposure is direct physical contact with contaminated utensils, towels, or drinking glasses which were used by a person with herpetic lesions.

Course of Illness:

- Initially, a child often experiences fever, malaise, irritability and swollen lymph nodes several days before any lesions appear in the mouth. About the time the child begins to feel better; the child gets swelling in the mouth with red inflamed gum tissues which bleed easily. This can be very uncomfortable and sometimes painful. All of this is followed by the appearance of vesicles which quickly rupture leaving ulcers covered with a grayish-white film surrounded by a red raised halo.
- Vesicles occur on gums, tongue, lips, palate, and buccal mucosa.
- Vesicles may continue to erupt for about 7 days after initial outbreak.
- Recovery usually occurs in 10-14 days with no scarring.
- Upon recovery, the virus goes to nerve ganglia and remains inactive. When virus reoccurs it appears as a fever blister on the lips or gums. Things that trigger reactivation are heat from fevers or sun exposure, surgery, trauma, emotional stress, radiation, menstruation and immunosuppression.

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Parent Counseling on Primary Herpes:

- Virus can be easily spread to others.
- Wash bottles, nipples, toys in hot soapy water before re-use.
- Do not share towels, utensils or drinking glasses contaminated by saliva or secretions from lesions of sick child.
- If hand contacts vesicles or lesions, thorough hand washing is needed to avoid cross infection.

Diet:

- Child will experience difficulty swallowing and chewing.
- Small meals with bland foods are more easily tolerated.
- Avoid acidic foods (orange juice, apple juice, etc.)
- Avoid spicy foods.
- Avoid hot foods.
- Foods tolerated well are instant breakfast drinks, frozen ice pops, milkshakes, ginger ale, etc.
- Be sure to keep child's fluids up so child does not get dehydrated.

Medications:

- Take Tylenol or pediaprofen for pain and temperature.
- Topical anesthetic can help with pain (Orajel or viscous Xylocaine).
- Oral antibiotics are usually of no benefit.
- Zilactin can be placed on areas to help with pain.
- Zovirax (primary vs. recurrent herpes) more with recurrent rather than primary herpes.
- Denavir topical used for recurrent lesions on lip.
- Valtrex is oral medication that can help cause of recurrent fever blisters.

Oral Hygiene Procedures:

- In order to clean gums and teeth use dental oxide or 50% hydrogen peroxide two times per day with cotton swabs (be sure to wash hands).
- Do not brush until ulcerated areas have healed fairly well.
- Once start brushing again, be gentle and at first do not use toothpaste.
- Use old toothbrush for about a week but switch to a new brush since old brush will be contaminated.
- If child old enough, saline rinses after meals can be helpful.