

Hemorrhagic herpes labialis after pneumococcal meningitis

Francisco Martins do Vale, Telma Azevedo

CASE REPORT

A 77-year-old man presented to the emergency department with a 48-hour history of fever and altered mental status. The physical examination was notable for a temperature of 39.5°C, psychomotor agitation, and neck stiffness. Laboratory tests showed a white cell-count of 5600/mm³ (4500–11,400) with neutrophilia 85% (45–75%) and C-reactive protein level of 19.01 mg/dL (<0.5). A lumbar puncture was performed and revealed a xanthochromic fluid with uncountable leukocytes with a predominance of polymorphonuclears, glycorrachia less than 5 mg/dL (40–70) and protein of 1.415 mg/dL (15–45). Empiric antimicrobial therapy was prescribed with high dose ceftriaxone, ampicillin, and acyclovir. After 24 hours of admission, he developed hemorrhagic herpes labialis also known as *herpes phagedena* presenting with a large and hemorrhagic ulcer involving labial mucosa, oral commissures, and philtrum, which progressed to a necrotic lesion in 48 hours (Figure 1). *Streptococcus pneumoniae* was isolated from cerebrospinal fluid and antimicrobial therapy was de-escalated to penicillin, according to antimicrobial sensibility testing, and acyclovir was maintained. The patient recovered without neurological deficits in one week and his mucocutaneous lesions healed in three weeks without scars.

DISCUSSION

Herpes reactivation is a common finding in patients with bacterial meningitis, which is related to disease



Figure 1: Large and hemorrhagic ulcer involving labial mucosa, oral commissures, and philtrum which progressed to a necrotic lesion in 48 hours.

severity and advance age [1]. In severe infection, the stressed immune system becomes hyporesponsive, a phenomenon called “immune paralysis”, leaving the patient susceptible to secondary infections, and allowing latent viruses to reactivate [2, 3].

Keywords: Herpes labialis, *Herpes phagedena*, Herpes simplex virus type 1, Meningitis

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Francisco Martins do Vale¹, Telma Azevedo²

Affiliations: ¹Infectious Diseases Resident, Department of Infectious Diseases, Hospital São Bernardo, Centro Hospitalar de Setúbal, Setúbal, Portugal; ²Infectious Diseases Specialist, Department of Infectious Diseases, Hospital São Bernardo, Centro Hospitalar de Setúbal, Setúbal, Portugal.

Corresponding Author: Francisco Martins do Vale, Infectious Diseases Resident, Department of Infectious Diseases, Hospital São Bernardo, Centro Hospitalar de Setúbal, Setúbal, Portugal; Rua Camilo Castelo Branco 175, 2910-549 Setúbal, Portugal; Email: francisco.vale@chs.min-saude.pt

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Author Contributions

Francisco Martins do Vale – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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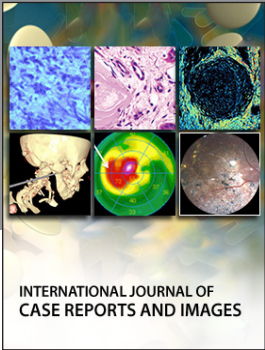
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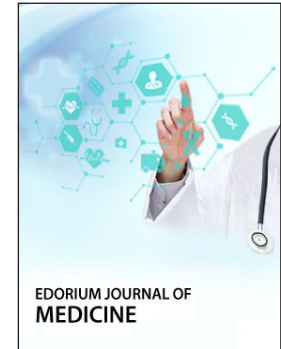
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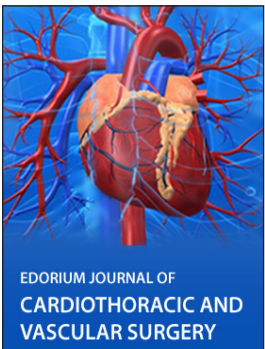
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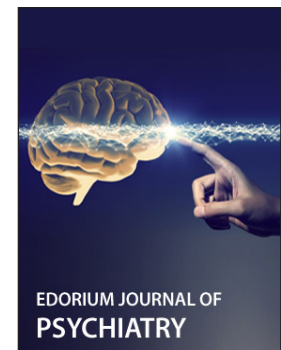
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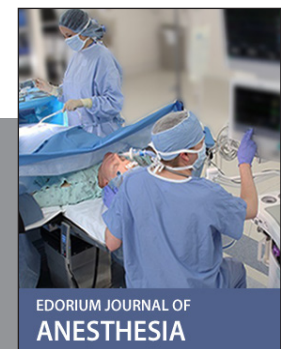
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