

# CASE REPORT ON HERPES STOMATITIS WITH ERYTHEMA MULTIFORMAE AND EXTENSIVE URO-GENITAL CANDIDIASIS.

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**ABSTARCT:** A 17 years male patient came with a complain of oral ulcerations, crusted lesion over lower lip since last one day with increased acidity attack. He had same complain before 5 days ago which was misdiagnosed as simple oral ulceration and then when it was not cured than the test of oral ulceration and other physical examination of the dermatology showed erythema multiform. He has a history of Steven Johnson syndrome one year back.

**Key words:** herpes stomatitis, Steaven Johnson, Syndrome, Erythema.

**INTRODUCTION:** Herpes stomatitis is a viral infection of the mouth that causes sores and ulcers. Herpes stomatitis is an infection caused by the herpes simplex virus (HSV), or oral herpes. Young children commonly get it when they are first exposed to HSV. The first outbreak is usually the most severe. HSV can easily be spread from one child to another. Erythema multiforme (EM) is a rare acute mucocutaneous condition caused by a hypersensitivity reaction with the appearance of cytotoxic T lymphocytes in the epithelium that induce apoptosis in keratinocytes, which leads to satellite cell necrosis. Despite being often caused by, or at least associated with, infection or drug therapy, the pathogenic mechanism of Erythema multiforme remains unclear, and as a consequence there are no evidence-based, reliably effective therapies<sup>1</sup>. Erythema multiforme and related disorders comprise a group of mucocutaneous disorders characterized by variable degrees of mucosal and cutaneous blistering and ulceration that occasionally can give rise to systemic upset and possibly compromise life. Vesiculobullous diseases are frequently encountered by a practicing dermatologist<sup>1</sup>. However, the oral cavity may be overlooked as a source of diagnostic information<sup>1</sup>. Oral manifestations of vesiculobullous diseases may occur independently or precede cutaneous involvement<sup>1</sup>. In such situations, a patient presenting with acute oral cavity mucosal ulceration and blistering condition either to an otolaryngologist or a dentist needs to be carefully managed<sup>1</sup>. A yeast infection of the penis is called candidal (or candida) balanitis, or balanitis thrush. The term "balanitis" refers to an infection of the glans penis, which is the head of the penis. Candida infects the glans penis more often than any other infectious agent.

## CASE REPORT:

A 17 years male patient came with a complain of oral ulcerations, crusted lesion over lower lip since last one day with increased acidity attack. He had come to ENT OPD for diagnosis before 5 days there he was given prescription of T. MVBC, T Fe-Fa, T vit C, Mucopain Ointment. But the symptoms were not relieved. Then he again came to the hospital with same complaint in Dermatology department which showed that the patient was diagnosed with HERPES STOMATITIS WITH ERYTHEMA MULTIFORMAE AND EXTENSIVE URO-GENITAL CANDIDIASIS. He had a history of steven Johnson syndrome one year back. There was no any family history of the skin disease.

On physical examination the patient was asymptomatic before 10 days and then he developed lesion over lower lip and oral mucosa. The patients had fever with chills and then he developed fluid filled lesion over B/L palms, raw areas over both lips and oral mucosa gradually spreading to whole body within few hours with redness and watering from both eyes.

On Cutaneous examination of head and neck; he has crusted plaques over left side of cheek, lower lip with yellowish hemorrhagic crusts associated with swelling on both lips. Chest and Abdomen showed few discrete annular plaques with central crusting and erythematous raised margins over chest abdomen with fluid filled, flaccid bullae over abdomen. B/L upper lip and lower lip showed few discrete annular plaques. Back and buttock few discrete annular plaques with delayed margins over back with few flaccid bullae. Palms and Soles showed fluid filled vesicles with erythematous margins over bilateral palms, erythematous macules with annular plaque over left foot. External Genital showed single erosion of approx. 2\*2 cm<sup>2</sup> over penile shaft with whitish discharge mascots over grains. Mucosa showed erosion over hard palate with bilateral buccal mucosa with whitish plaque and palate redness and watering from both eyes.

Patients Laboratory Investigation showed decreased RBC (3.53), increased ESR (90mm/hr), increased MCV (101fL), decreased PCV (35.70%), increased SGOT (52IU/L) increased SGPT (99IU/L), increased C - reactive protein (12mg/dl)

**TREATMENT PLAN:**

NO	Drugs	Route of administration/Dose/Frequency
1	T. ACYCLOVIR	PO/400 mg/ 1-1-1
2	Inj. CEFOTAXIME	IV/ 1 gm/ 12 hourly
3	Inj. MVI	IV/1 ampule in 100 ml NS/ 12 hourly
4	Inj. PANTOPRAZOLE	IV/ 40 mg/ 12 hourly
5	Inj. FLUCONAZOLE	IV/ 200mg / 24 hourly
6	T. PCM	PO/ 500 mg/ 1-0-1
7	GARGLE XYLOCAIN VISCOUS SOLUTION	TDS
8	CREAM. BETAMETHASONE	Topical/LABD
9	MOUTH PAINT 1% CLOTRIMAZOLE	TOPICAL/LABD
10	Cream. 1% Silver Sulfadiazine	Topical/ LABD
11	VASELINE GUAZE	Topical/ LABD
12	CARBOXYMETHYLCELLULOSE SODIUM EYE DROPS	6 drops /TDS
13	CIPROFLOXACIN EYE DROPS	Left eye/ 6 drops/ TDS
14	MOXIFLOXACIN EYE DROPS	6 drops / TDS
15	SOFRAMYCIN CREAM	Topical/TDS
16	ACYCLOVIR EYE OINTMENT	Topical/TDS
17	2% FLUIDIC ACID+ 0.1% BETAMETHASONE CREAM	Topical/BD
18	INJ. DEXAMETHAXONE	IV/1.5mg/ morning

**DISCUSSION:**

The herpes stomatitis is an infection caused by herpes simplex virus or oral herpes. The herpes can be diagnosed by blister in mouth often on the tongue, cheeks, roof of the mouth, gums, and on the border between the inside of the lip and the skin next to it. These blisters pop and it form ulcer in the mouth often on tongue. In erythema multiforme is an acute self-limited and sometimes recurring skin condition that is considered to be type IV hypersensitivity reaction associated with certain infection, medications, and other various triggers. The urogenital candidiasis in male shows itchy, rash, red skin, swelling, irritation, and itching around the head of the penis, lumpy discharge under the foreskin, or pain when urinating and during sex.

The herpes stomatitis with erythema multiforme and urogenital candidiasis are the untreated disease which can only be treated symptomatically. The herpes stomatitis can be treated with antiviral drugs while erythema multiforme can be treated with antibiotics and urogenital candidiasis is treated through antifungal drugs.

A 40-year-old male patient presented to the outpatient department of our institute with complaints of painful oral ulceration. History revealed that complaints started 3–4 days back. Initially to start with, there was redness in the oral cavity and over lips. Soon bleeding ulcers and bullae appeared at these sites. Bullae ruptured to form encrustations over lips. Odynophagia and dysarthria was present. No history of febrile episode was present. The patient was given corticosteroids, tetracycline and systemic steroids were used to treat patient [1].

Our patient has similar type of symptoms and the patient was stable when he was taken under examination. The treatment plan for our patient was antifungal, antiviral and antibiotics. The patient even given a supportive treatment was given.

**CONCLUSION:**

The patient was diagnosed with HERPES STOMATITIS WITH ERYTHEMA MULTIFORMAE AND EXTENSIVE UROGENITAL CANDIDIASIS which cannot be cured completely but there was symptomatic relief given to the patient. The patient's quality of life has been increased and there was decreased in the mouth ulcer pain. The patient's laboratory investigation where also maintained.

**COMPLIANCE WITH ETHICAL STANDARDS:****Acknowledgments**

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Disclosure of conflict of interest: All authors declare that they have no conflict of interest.

Statement of informed consent: Informed consent was obtained from the individual participant included in the study.

No Animal is used in the study and direct intervention was not performed.

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