

Herpetic stomatitis: case report

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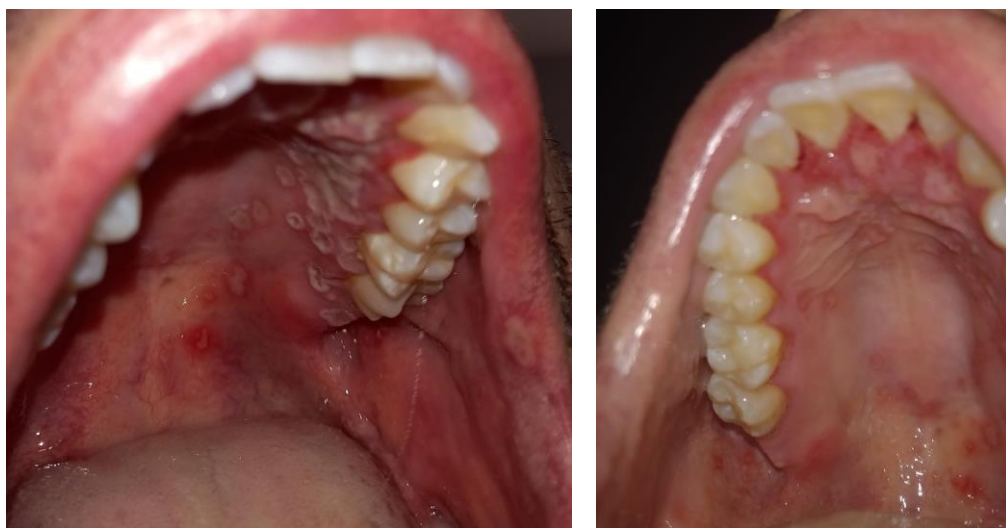


Figure 1: Clinical appearance of multiple ulcerated lesions on the oral mucosa.



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Male patient, 36 years old, normosystemic, presented to the dental office complaining of pain in the oropharynx and oral cavity mucosa, evolving over two days. The patient reported a fever of 39°C during the first two days of symptoms. During the extraoral examination, palpable, painful, and movable submandibular and sublingual lymph nodes were identified, consistent with acute lymphadenopathy. The intraoral examination revealed erythematous oropharyngeal mucosa with ulcerated lesions, extending to the oral mucosa of the palate, interdental papilla, and buccal mucosa. Based on the clinical presentation, the diagnosis of herpetic stomatitis was established. The patient received symptomatic treatment, including topical application of 1mg/g triamcinolone acetonide four times a day for seven days, 400mg of acyclovir, one tablet every six hours for seven days, and 1g of sodium dipyrone, one tablet every eight hours for five days. Additionally, the patient was advised to maintain good oral hygiene. After five days of treatment, the patient reported improvement in symptoms, with complete resolution of the lesions after 10 days of the consultation.

Herpetic stomatitis is a common viral infection caused by the herpes simplex virus (HSV), most frequently HSV-1. It is characterized by painful lesions in the oral and/or oropharyngeal mucosa, accompanied by fever and general malaise. Young adults, as in the presented case, are susceptible to primary HSV-1 infection episodes, while recurrences

are more common in immunocompromised individuals [1]. The treatment of herpetic stomatitis aims to relieve symptoms and accelerate lesion healing. Antiviral therapy, such as acyclovir, is widely used and has been shown to be effective in reducing the duration and severity of symptoms. The combination of topical corticosteroids, such as tri-amcinolone acetonide, may be prescribed to reduce inflammation and discomfort associated with ulcerative lesions [1, 2].

In addition to symptomatic treatment, the importance of good oral hygiene in the management of herpetic stomatitis cannot be underestimated. Maintaining adequate oral hygiene helps prevent secondary infections and facilitates the healing process of the lesions [3]. In cases of recurrent or treatment-resistant herpetic stomatitis, it is essential to consider medical evaluation to rule out underlying conditions, such as immunosuppressive diseases. Interdisciplinary collaboration between dentists and physicians is essential for the effective management of these cases.

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