Herpetic Gingivostomatitis

What is herpetic gingivostomatitis?
Herpetic gingivostomatitis is an infection of the mouth and lips that is caused by a virus. Herpes gingivostomatitis most commonly affects toddlers and young children, although older individuals can also get this infection.

What is the cause?
Herpetic gingivostomatitis is caused by virus called herpes simplex virus type 1 or HSV1. This is a different kind of herpes virus than the kind that is sexually transmitted.
The infection is passed from person to person through contact with saliva that contains the virus (such as sharing utensils, cups, and bottles; thumb sucking; and putting toys in the mouth). Often the contact is with a person who has cold sores.

What are the symptoms?
The illness usually starts with a fever before the first mouth sores appear. Sores in the mouth may form on the lips, gums, tongue, and cheeks. Often the gums are very red and bleed easily.

How is it diagnosed?
This condition is common and will be recognized by your healthcare provider without doing any special tests.

How long does it last?
The fever usually lasts for a few days. The painful mouth sores last 3 to 5 days before they start to get better. It will take about 14 days before the sores completely heal.
After the mouth sores heal, the virus remains in the body and can become active again. When this happens, usually the sores are not as severe. Sores that return on the lips are called "cold sores."

What can I do to help take care of my child?
Fever and mouth pain can be treated with acetaminophen or ibuprofen. Do NOT give your child aspirin.
Check with your healthcare provider before you give any medicine that contains aspirin or salicylates to a child or teen. This includes medicines like baby aspirin, some cold medicines, and Pepto-Bismol.
Children and teens who take aspirin are at risk for a serious illness called Reye's syndrome.
If your child has never had herpetic gingivostomatitis before and has had sores for less than 3 days, an antiviral medicine called acyclovir may help the sores go away more quickly. Antibiotics have no effect on viruses.
You can help prevent dehydration by giving your child plenty of fluids. Chicken broth, sports drinks, or popsicles are good examples of fluids that your child may drink easily. If the sores prevent your child from drinking, his urine output will decrease and his mouth will become dry. You will know your child is dehydrated if he does not urinate very often and has a dry mouth.
To keep from spreading the virus, try to keep your child's hand away from his mouth while he has active sores. Tell your child not to rub his eyes to prevent infection.
Medicines that make the mouth numb are not a good idea for children since they may cause the child to swallow incorrectly and choke.

When should I call my child's healthcare provider?
Call within 24 hours if:
- The skin around the eye has blisters or sores.
Call during office hours if:
- It has been more than 8 hours since your child has urinated and your child cannot urinate.
- You have other questions and concerns.

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Source: [http://www.childrenshealthnetwork.org/CRS/CRS/pa_herpgini_pep.htm](http://www.childrenshealthnetwork.org/CRS/CRS/pa_herpgini_pep.htm)