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Herpes simplex virus 2 infection: neglected, but serious issue in pregnancy

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Introduction

Genital herpes is a dangerous obstetrical-neonatal disease. Transmission can occure intrauterineal, perinatal and postnatal.

The infection can be presented as a primary, non-primary first episode and recurrent episode. Primary maternal HSV infection has higher risk of complications than recurrent episodes.

A high titer of maternal neutralizing antibodies is associated with a lower risk of neonatal infection. Seroprevalence among pregnant women varies between 7 and 33%.

Transplacentarily acquired HSV infection before 20th week of pregnancy causes an increasing percentage of miscarriages or multiple malformations.

Methods and Materials

Reviewing of clinical monitored pregnancy and childbirth with a recurrent HSV infection present and analysis of available literature.

Results

The first pregnancy of a 30 year old, at the time who had a genital herpes in the early stage of her pregnancy ended by medically indicated abortion after 23 weeks of pregnancy because of multiple fetal malformations.

Given the patient's fear of the uncertainty of future pregnancies, detailed advicing encouraged the pregnancy that followed after 3 and 5 years.

The pregnancies were intensively monitored clinically and serologically. Considering the HSV IgM + and prodromal symptoms at the end of the second pregnancy it was completed by Caesarean section given the child's best interest. In the third pregnancy, the patient was seronegative to HSV infection.

From birth, 9/2015. , the patient three times has developed clinically manifested herpes infection of the genital area.

Discussion

The decision to complete the pregnancy by Caesarean section to prevent vertical transmission at the pregnant woman who had symptoms of genital herpes, has resulted in a birth of a healthy child.

The guidelines recommend such a manner of childbirth also in those who have prodromal symptoms with genital herpes in history.

Pregnant women with a history of reccurent genital herpes, from 36 weeks of pregnancy should be administered antiviral prophylaxis.

Conclusions

All pregnant women with the history of reccurent herpes simplex infection should be closely monitored and treated according to the current guidelines.

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