Anogenital Lesions in Pregnancy: An Atypical Presentation of Herpes

Lesões Anogenitais na Gravidez: Uma Apresentação Atípica de Herpes

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A twenty-eight-year-old woman, 16 weeks pregnant, presented with one-day painful perianal lesions. One week earlier she had cough, rhinorrhea and myalgias without fever. She denied previous similar episodes and her long-term sexual partner was asymptomatic. She presented grouped, umbilicated, symmetrically distributed, perianal vesicles on an erythematous basis (Fig. 1).

Swabs were collected for sexually transmitted diseases. Symptomatic treatment and isolation measures were recommended. Polymerase chain-reaction (PCR) assays identified herpes simplex virus (HSV)-1 and were negative for other infections. Prompt treatment with Valacyclovir led to rapid clinical remission.

HSV infections feature primary infection and recurrences. While HSV-2 causes most genital cases, HSV-1, typically oral, has been increasingly found in anogenital cases. Symptoms are present in up to 35%, with 70% experiencing non-specific symptoms like myalgias, headache and fever. Lesions usually affect the vulva, vagina and cervix and less frequently the thighs, gluteal and perianal regions. Typical lesions progress from papules to vesicles to ulcers over 10 days, with remission in 10-20 days.[1]

This case reflects a primary HSV-1 infection during pregnancy, with perianal lesions. Prodromic flu-like symptoms and bilateral, symmetrical lesions are more common in primary HSV infections.[1] Confirming HSV in pregnancy requires testing, preferably PCR viral detection, as cultures have lower sensitivity. Antibody detection assays may be useful if initial tests are negative or if there are no lesions.[2]

Differential diagnosis should include infectious causes, like syphilis and chancroid, and non-infectious causes, like Behçet's and Lipschütz ulcers. During the 2022

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FIGURE 1: Umbilicated, bilateral vesicular lesions in the perianal region.

Monkeypox outbreak, this infection was also considered for vesicular, umbilicated, anogenital lesions, with possible flu-like prodromic symptoms. A low level of suspicion is mandatory to prevent disease spread.[3]

In conclusion, practitioners should exclude infectious causes for anogenital lesions, with HSV being the most frequent etiology. Diagnostic testing confirms the diagnosis in pregnancy and appropriate treatment should not be delayed.

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