



Herpes Gladiatorum: A Case Presentation

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Abstract

Herpes gladiatorum, is a skin infection caused by the Herpes simplex virus (HSV). It is generally seen in contact athletes such as wrestlers. Direct contact with the lesion may cause widespread herpetic lesions. These are mostly observed in the head-neck and upper extremities. The skin lesions may be accompanied by fever, fatigue, headaches, throat aches and lymphadenopathies. The diagnosis is generally based on presentation and the clinical basis. This article presents herpes gladiatorum, which is a form of herpes infection that occurs on close contact, which is identified in a patient who is a wrestler, along with the relevant literature.

Keywords: Wrestlers, herpes gladiatorum, dermatology

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Introduction

The skin infections that are observed in close contact athletes such as wrestlers and known as herpes gladiatorum (HG) are caused by the herpes simplex virus (HSV) type-1. Contact with an opponent who has an active herpes infection is known to be the most significant risk factor for this infection [1,2]. Vesicular lesions at the same spot on the skin are observed after repeated confrontations with people exhibiting HG. Each vesicle containing viral particles is transferred to the other person via skin contact. Then as the infections increase, antibodies cause the virus to hide in the nervous system. It causes recurring skin lesions that are triggered by stress or other unknown factors [3].

Case Report

The 16 years old male patient applied to our clinic with a rash on his left arm. The patient stated that these lesions started 2 days ago. He stated that he did not have such a complaint up until 1 year ago, but during the last year, these rashes recurred frequently and they went away sometimes through treatment, and sometimes on their own. Following detailed anamnesis questioning, it has been understood that the patient started practicing wrestling in the municipality's training center that opened up last year. The systemic examination of the patient who didn't present with any other features in his personal or familial history was normal. The dermatologic examination determined some vesicles on the left forearm, some of them grouped (Figure 1). It was understood that the vesicles were typically grouped and frequently recurred, and the fact that these started to occur following the engagement of the patient with wrestling suggested herpes gladiatorum. The patient was prescribed valasiklovir 500mg/day as a prophylactic and repressive therapy in addition to a local anti-bacterial.

Discussion

The cutaneous and ocular infections that occur in wrestlers due to HSV type-1 were first defined in the mid-1960s [4,5]. During the 28-day wrestling camp in Minnesota in 1989, the HG prevalence between the athletes was studied. 60 of 175 athletes (34%) were diagnosed with HSV type-1 infection [2]. Another study in Minnesota in 2006 reported that HSV type-1 prevalence among 332 non-wrestlers between 13-20 years of age was 25%, while 28 of 94 wrestlers in the same age group (29,8%) were positive for the infection. Additionally, it was

reported that the non-wrestler group's lesions were frequently in the oral-nasal area, while the wrestler group presented the lesions mostly on the face, periorbital region and extremities [6]. The lesions were located in the upper extremities in our case too.

As HG is an infection occurring in close contact sports such as wrestling and boxing, it is known that it is contracted through contact. Its clinical presentation may be the typical grouped vesicles and crusts can be found by opening those. It frequently presents in the head-neck, around the eyes and upper extremities. In addition to these skin symptoms, fever, fatigue, headaches, throat aches and lymphadenopathies may also present [5,6]. Our patient didn't present with any findings except the skin lesions and the typical grouped vesicles.

In conclusion, it is possible that infectious diseases occur in sports centers and camps where close contact or shared object use happen. This is why I think that the dermatoses that are identified in athletes may be paid attention to, and the treatment and prophylaxis be administered considering the other athletes too.



References

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