

HERPETIC WHITLOW

What are the aims of this leaflet?

This leaflet has been written to help you understand more about herpetic whitlow. It tells you what it is, what causes it and what can be done about it.

What is herpetic whitlow?

It is a viral infection affecting the distal digit or the skin around the nail, usually the thumb. It occurs as a primary infection from thumb sucking in children after herpes infection in the mouth (autoinoculation), or from direct environmental exposure i.e in dental workers who do not wear gloves. It also occurs as recurrent infections after reactivation of a latent virus months to years after the primary infection. The herpetic whitlow in adults may also be due to contact with infected genitals (HSV 2).

What causes herpetic whitlow?

It is an infection secondary to herpes simplex viruses 1 and 2.

What does herpetic whitlow look like?

There is an incubation period of 3-7 days which leads to severe pain (prodrome) followed by tenderness and appearance of single or clustered blisters with honeycomb crusting together with redness and swelling. The commonest digit involved is the thumb but others can also be affected. Occasionally, infection occurs on the toes of infants (due to sucking) or on the nail cuticle. If the infection goes under the free edge of the nail, there may be bleeding under the nail. Very occasionally there may be superadded bacterial infection. In patients with suppressed immune system (chemotherapy patients, HIV positive patients) the infections may be recurrent and quite severe.

How is herpetic whitlow diagnosed?

It is diagnosed clinically and also by performing a skin swab from the fluid in the blisters.

How can it herpetic whitlow be treated?

There is spontaneous resolution of symptoms in two to four weeks in patients with competent immune system.

Your doctor will decide what is the best treatment for you:

The aim is symptom relief and avoidance of secondary bacterial infection.

1. Topicals:

Acyclovir 5% ointment / cream may give some relief.

Antibacterial wash to prevent a bacterial infection

2. Oral Antivirals (Aciclovir , Famciclovir, Valaciclovir)

If prescribed within 48 hours from presentation they may shorten the duration of symptoms.

If recurrent episodes occur, then acyclovir may be considered as a longterm treatment.

3. Skin protection is advised as the virus is still shedding until the top layer of the skin becomes intact.

There is a chance of 30%-50% recurrence after the first infection.

Self care (What can I do?)

Keeping the infected digit clean from any further infections or even covered with a non-adhesive dressing / glove is recommended.

Where can I get more information?

Web: <https://www.dermnetnz.org/topics/herpes-simplex/>

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