Herpes gladiatorum

A 21-year-old male wrestler presented to Emergency Department with 5 days of painful scattered facial rashes after unsuccessful response to 3 days of oral antibiotic. The patient did not have weight loss, headache, eye complaints and fever. The medical history was insignificant for previous skin lesions. On physical examination, there were vesicular lesions measuring about 0.5 cm in diameter on erythematous base with some punched-out erosions after scratch, scattered all over the face. They were also grouped on right side of the neck (figures 1 and 2). There was a 1 cm by 0.5 cm tender lymph node on the same side of the neck. The neck was supple and the examination was otherwise normal. The differential diagnoses consist of scabies, atopic dermatitis, acne, herpetic infection, tinea corporis, varicella or impetigo. The diagnosis of herpes gladiatorum (also known as ‘mat herpes’) was made clinically.

Herpes gladiatorum is named because the herpes simplex virus type 1 spreads by direct skin-to-skin contact usually during wrestling. The incidence has been estimated to be 40% among wrestlers, and most of the time, they appear on the right side of the body. Like other herpetic lesions, recurrent infection is milder because of stronger immune response against the virus. Dendritic keratitis is a serious complication, which warrants close follow-up to prevent corneal scarring. The patient was treated with acyclovir and returned 1 week later to training after crusting of lesions.

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Contributors HM snapped the photo and drafted the manuscript. YD provided critical comments on the manuscript.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; internally peer reviewed.

Received 23 January 2013
Accepted 24 January 2013
Published Online First 14 February 2013


REFERENCE
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Emerg Med J 2013 30: 892 originally published online February 14, 2013
doi: 10.1136/emergmed-2013-202419

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