

Case of post-treatment Trans-placental Congenital Herpes infection in Sri Lanka

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Introduction

- Congenital herpes (CH) - Herpes Simplex viral infection (HSV) during pregnancy or within 48hrs of birth.
- Classical triad; cutaneous, ophthalmic and neurological involvement.
- Vertical transmission - intra-partum and postpartum.
- In-utero trans-placental infection accounts only for 1 in 100,000 – 300,000.
- This is the first reported case in Sri Lanka.

Case History

- Primi mother with negative HIV & VDRL at booking visit
- Presented with fever and painful vulval ulcer at 18+3weeks.
- Diagnosed and treated for Primary HSV infection with oral Acyclovir.
- 20 weeks anomaly scan normal.
- 29weeks - treated for reactivation of HSV.
- USS - early fetal hydrops, ventriculomegaly, mild pleural effusion, ascites and polyhydroamnios.
- 30weeks - mother suffered preterm labour with rupture of membranes
- No active ulcers present at delivery.
- APGAR 1²,5³,10³. baby Died despite of resuscitation.



Figure 1 –
cutaneous vesicles
of baby

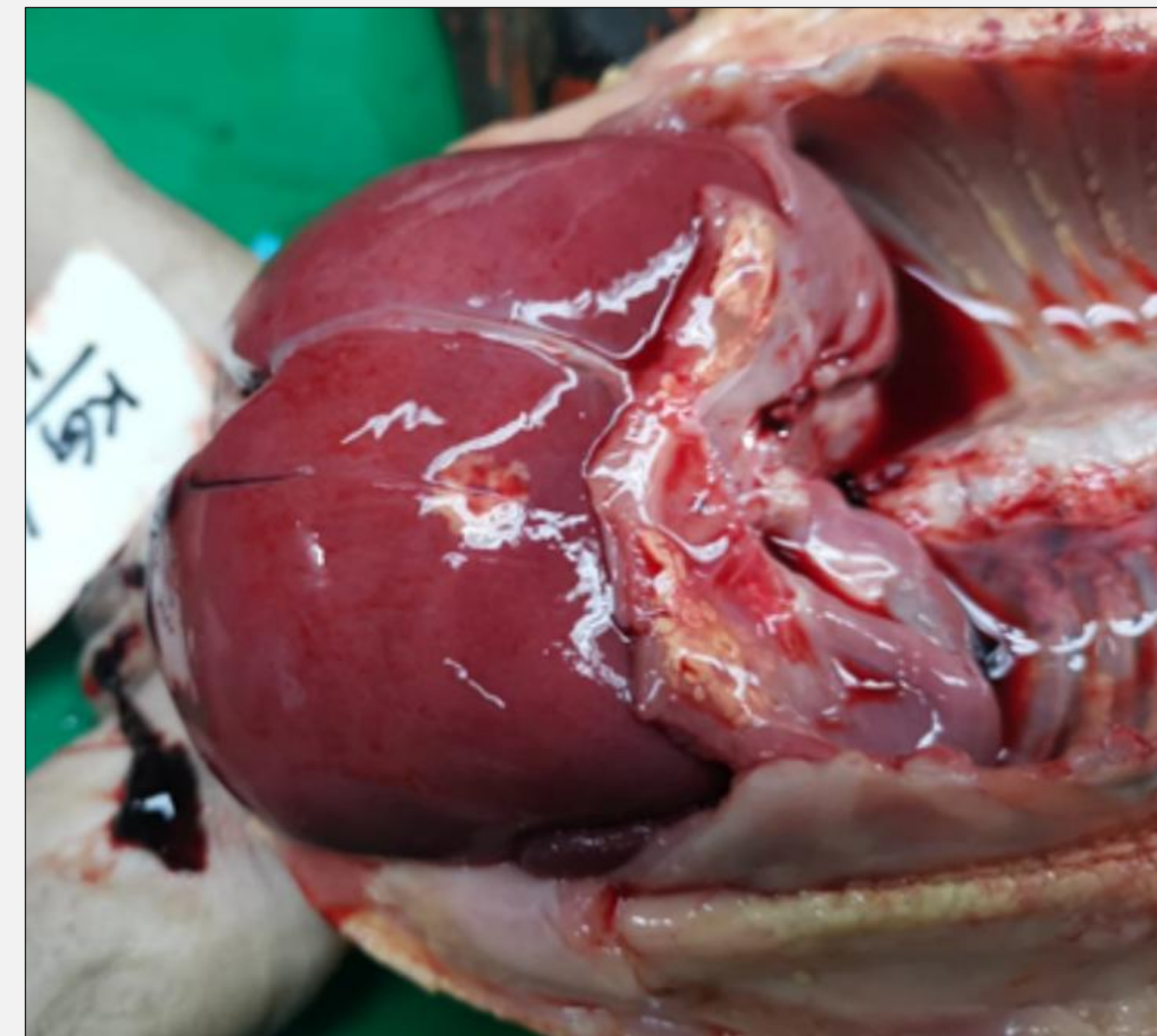


Figure 2 –
lesions in liver

- Baby - widespread cutaneous vesicles in body. Despite resuscitation, baby died.
- Postmortem showed hydranencephaly, multiple lesions in eyes, lungs and liver.
- Viral culture samples of all organs and vesicles strongly positive for HSV2.

Discussion

- Primary herpes infection (PHI) is mostly asymptomatic
- Therefore diagnosis can be missed.
- Ultrasound scan evidence of anomalies and symptomatic babies at delivery directs diagnosis towards CH.
- In the case patient, even though she was treated for PHI, yet fetus developed CH.
- It could be either due to Acyclovir resistant HSV strain or immune-compromised status of mother.
- As she didn't have evidence of immunosuppression, presence of resistant strain could be the cause for reactivation.
- Therefore, it's important to analyze viral resistance patterns to lessen possibility of CH in future pregnancies.
- If present, both mother and partner should be treated with high dose for longer duration.

Conclusion

- Trans-placental CH is an extremely rare disease that lead to severe fetal morbidity and mortality.
- We encourage early suspicion, detection, and treatment of primary infection to minimize the negative fetal outcomes of CH.