

Facial itching to facial blisters: Reactivation of herpes simplex virus after neuraxial opioids

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Case Description

- 30-year-old G2P0 at 39 weeks' gestation presenting for primary elective cesarean delivery

Patient Background

- **PMH**
 - Ulcerative colitis on infliximab & mesalamine
 - Depression & anxiety
 - Chronic pain
 - *Clostridium difficile* s/p treatment
 - Allergies: oxycodone, morphine, & vancomycin
- **Current pregnancy history**
 - Complicated by ulcerative colitis flares

Case Timeline

- Preoperative
 - Patient arrives to hospital in good health
- Intraoperative
 - Neuraxial: single shot spinal anesthetic with hyperbaric bupivacaine 0.75% 12 mg, morphine 100 mcg, and fentanyl 15 mcg
 - Cesarean section proceeds uneventfully
 - Patient complains of facial itching during the section



Figure 1. Perioral blisters that appeared POD #4



Figure 2. Resolution of perioral blisters after a week course of valacyclovir

Case Timeline

- Postoperative - Hospital
 - Course complicated by pain control & continued facial pruritis
 - Itching relief provided by diphenhydramine
 - Discharged on POD #3
- Postoperative – Home
 - POD#4 patient communicates with MFM the presence of facial blisters (**Figure 1**)
 - Diagnosed with HSV-1
 - Prescribed valacyclovir 1 gram BID for 7 days
 - Improvement in facial lesions after one week (**Figure 2**)



Figure 1. Perioral blisters that appeared POD #4



Figure 2. Resolution of perioral blisters after a week course of valacyclovir

Case Discussion

- This postpartum presentation of perioral blisters in setting of prolonged & persistent facial pruritis highlights a rare side effect of intrathecal narcotics – **recrudescence of HSV-1**
- Exact etiology unknown but could be due to:
 1. Trauma from persistent itching
 2. Immunosuppression
 3. Trigeminal nerve ganglion stimulation by intrathecal opioid spread
- Perfect storm for our patient on immunosuppression for her ulcerative colitis
- Providing effective anti-pruritic improves patient satisfaction and in this case potentially avoid the reactivation of HSV-1