Herpetic Whitlow

Herpetic whitlow is a painful infection of the hand. It can involve 1 or more fingers. It usually affects the end of the finger. This is caused by the Herpes simplex virus 1 (HSV-1) and herpes simplex virus 2 (HSV-2). It is an occupational risk among health care workers.

Herpetic whitlow is characterized by a starting infection, which may be followed by a problem free period but with future recurrences. After the initial infection, the virus enters nerve endings and lies dormant in those nerves. The primary infection usually is the most troublesome. Recurrences observed in 20-50% of cases are usually milder and shorter in duration. Once nerves are infected with herpes virus they are thought to contain that virus for the rest of your life.

CAUSES

Males and females are affected equally by herpetic whitlow. In health care workers, infection with HSV-1 is most common. It comes from exposure to infected secretions from the mouths of patients. Herpetic whitlow is started by exposure to infected body fluids. The virus gets in through a break in the skin. This could be any small thing such as a torn cuticle. The virus then invades the skin cells. Signs of infection show in days. In children, HSV-1 is the most likely cause. Infection involving the finger usually is due to finger-sucking or thumb-sucking in patients with herpes infection. Toddlers and preschool children are most likely to engage in thumb-sucking or finger-sucking behavior. They are susceptible to herpetic whitlow if they have herpes infection of the mouth.

SYMPTOMS

- Following exposure, problems usually develop within 2-20 days (incubation period). Sometimes fever and sleepiness are observed. Most often initial symptoms are pain and burning or tingling of the infected digit.
- This usually is followed by redness, swelling. There will be development of rice sized vesicles on a red base over the next 7-10 days.
- These vesicles may ulcerate or break. They usually contain clear fluid. But the fluid may appear cloudy or bloody. Inflammation of the lymph channels which return the body fluids to the heart and *lymph nodes* (swollen glands) are common. After 10-14 days, symptoms usually improve. The sores (*lesions*) crust over and heal.
- The infectious phase is believed to be over at this point. Complete resolution happens over the next 5-7 days.
- Problems from this infection are usually related to secondary infections. Complications may include delayed resolution, bacterial overgrowth. These rarely spread throughout the body with serious consequences.

DIAGNOSIS

The *diagnosis* is usually easily made on physical exam. Sometimes lab work is needed.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **DO NOT use aspirin**.
- Do not touch the blisters or pick the scabs. Wash your hands often. Do not touch your eyes, mouth or genital areas without washing your hands first. Do not share towels and wash cloths.
- Apply an ice pack to the sore area for discomfort.
- **WARNING:** This infection is contagious. Avoid close contact with other people until blisters heal. This can be transferred to both the mouth and the genital area.
- Eat a well balanced diet.
- This problem can be prevented by use of gloves. Observe fluid precautions if you are handling people.
- In the general adult population, herpetic whitlow is most often from yourself. It is most frequently secondary to infection with HSV-2.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 03/09/2004 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.