

The patient I presented is a 28 y/o M with PMH of HSV-2. He presents to the clinic stating that he recently had an outbreak and is now wondering if he can still transmit the virus to his girlfriend.

The article I'm presenting is an overview of the evaluation and management of HSV2. It focuses on the role of the primary care provider managing those with HSV. The article reviews the pathophysiology of HSV 1 and 2 in the introduction. HSV2 is present in 22% of adults 12 years or older. The article mentions the risk factor for HSV2 is exposure to fluids for a positive individual. HSV is unstable outside the body and is only infectious for a few days on a moist surface. Other modes of transmission are insignificant.

HSV 2 presents in patients with painful genital ulcers, crusts, or tender lymphadenopathy. Classic features include macular and papular skin and lesions progressing to vesicles. A Tzanck smear, HSV PCR, or HSV serotyping of vesicular lesions can confirm HSV within three days of onset. The article also states that since HSV is an STI, patients should be screened for gonorrhea, chlamydia, HIV, and RPR.

The article states primary infections of multiple lesions resolve in approximately 19 days, even with the treatment of antivirals. It's important to identify lesions early to prevent spread to other individuals.

<https://www.ncbi.nlm.nih.gov/books/NBK554427/>