

HSV type 2	<p>mucocutaneous junctions (lips, nose, genitalia, buttocks)</p> <p>Vesicles dry, forming a crust, followed by exfoliation and spontaneous healing in 8 to 10 days</p> <p>May be accompanied by regional lymphadenopathy</p>	<p>to reduce severity in recurrence; may also be given prophylactically for recurrent</p> <p>Valacyclovir (Valtrex), an oral antiviral used for episodic treatment of recurrent genital herpes, reduces pain, stops viral shedding, and has a more convenient administration schedule than acyclovir; primarily recommended for immunocompromised patients</p>	<p>can be prevented by using sunscreens protecting against ultraviolet A and ultraviolet B light to prevent lip blisters</p> <p>Aggravated by corticosteroids</p> <p>Positive psychologic effect from treatment</p> <p>May be fatal in children with depressed immunity</p>
Herpes zoster, shingles: Varicella zoster virus	<p>Caused by same virus that causes varicella (chickenpox)</p> <p>Virus has affinity for posterior root ganglia, posterior horn of spinal cord, and skin; crops of vesicles usually confined to dermatome following along course of affected nerve</p> <p>Usually preceded by neuralgic pain (rare in children), hyperesthesias, or itching</p> <p>May be accompanied by constitutional symptoms</p>	<p>Symptomatic treatment</p> <p>Analgesics for pain</p> <p>Drying lotions may be helpful</p> <p>Ophthalmic variety: Systemic corticotropin (adrenocorticotrophic hormone) or corticosteroids</p> <p>Acyclovir or valacyclovir</p> <p>Preventive vaccine is available for persons >50 years old</p>	<p>Pain in children usually minimal</p> <p>Postherpetic pain does not occur in children</p> <p>Chickenpox may follow exposure; isolate affected child from other children in a hospital or school</p> <p>May occur in children with depressed immunity; can be fatal</p>
Molluscum contagiosum: Poxvirus	<p>Flesh-colored papules (1 to 20) with a central caseous plug (umbilicated) that occur on trunk, face, and extremities; may be transmitted by sexual contact</p> <p>Usually asymptomatic</p>	<p>Cases in well children resolve spontaneously in about 18 months</p> <p>Treatment reserved for cosmetic purposes; alleviate discomfort; reduce autoinoculation; prevent secondary infection</p> <p>Numerous chemical removing agents including tretinoin gel 0.01% or cantharidin (Cantharone) liquid; podophyllin; imiquimod cream</p> <p>These are painful treatments: Use local anesthesia</p>	<p>Common in school-age children</p> <p>Spread by skin-to-skin contact, including autoinoculation and fomite-to-skin contact</p> <p>Outbreaks in child care centers have been reported</p>