# Herpetic glossitis due to therapies related to COVID-19

Yasuhiro Kano (1), 1,2 Hitoshi Honda<sup>3</sup>

<sup>1</sup>Department of Internal Medicine, National Hospital Organisation Tochigi Medical Center, Utsunomiya, Tochigi, Japan

<sup>2</sup>Department of General Internal Medicine, Tokyo Metropolitan Tama Medical Center, Fuchu, Tokyo, Japan

<sup>3</sup>Division of Infectious Diseases, Tokyo Metropolitan Tama Medical Center, Fuchu, Tokyo, Japan

## Correspondence to

Dr Yasuhiro Kano; yasuhiro.kano.21@gmail.com

Accepted 8 August 2021

## DESCRIPTION

A 90-year-old female patient with diabetes mellitus presented with newly developed anorexia and oral pain during hospitalisation. She was admitted for severe COVID-19 about 6 weeks earlier. For COVID-19 treatment, she received oral dexamethasone 6 mg/day for 10 days. One week after the completion of dexamethasone therapy, oral prednisolone 40 mg was administered for organising pneumonia associated with COVID-19. After prednisolone was tapered to 20 mg/day, she began experiencing oral pain. Physical examination revealed multiple, crater-like ulcers with white, raised borders containing small, tense vesicles on the dorsum of the tongue (figure 1). PCR using a lingual swab was positive for herpes simplex virus type 1 (HSV-1) DNA and a lingual swab culture was negative for Candida spp. Based on these findings, herpetic glossitis was diagnosed. Oral valacyclovir was begun, after which her oral lesions healed completely. Her anorexia also improved after the 5-day course of valacyclovir.

Herpetic glossitis is a rare form of oral HSV-1 infection and is an important differential diagnosis of anorexia, especially in immunocompromised patients. The clinical manifestation of herpetic glossitis is extremely polymorphous and includes crater-like ulcers as in this case, diffuse erythema, pseudotumoral plaques or nodules and linear or cross-hatched fissures.<sup>1</sup> Although the diagnosis can usually be made clinically based on characteristic findings and patient history,3 virological confirmation should be made because the diverse manifestations may mimic lesions with other aetiologies. Most HSV-1 infections respond well to antiviral agents, including acyclovir, valacyclovir and famciclovir, but prompt diagnosis and treatment are essential because early antiviral therapy may facilitate faster healing.

While oral lesions associated with COVID-19 have been recognised and discussed, the relevant data, derived mainly from case reports, are still insufficient. The aetiology of oral lesions associated with COVID-19 remains uncertain and is thought to be multifactorial. Several reports have shown that HSV infections manifesting as oral lesions may be associated with COVID-19, although the precise manner of HSV involvement is unknown. In our case, it was obvious that the herpetic glossitis developed as a result of immunosuppression due to prolonged steroid therapy, whereas judging from its clinical course and timing of onset, COVID-19 was unlikely to have contributed directly to the oral symptoms.



**Figure 1** Multiple, crater-like ulcers with raised borders containing small vesicles on the tongue.

A previous report suggested that COVID-19 may be a risk factor of HSV reactivation. Fatalities caused by HSV-1 reactivation associated with COVID-19 and its related therapies have also been reported. These findings, as well as the increasing use of glucocorticoids and other immunosuppressive agents in COVID-19 therapy, may increase cases of reactivated herpetic infection, including herpetic glossitis. Moreover, clinicians should bear in mind that elderly patients may sometimes have difficulty describing oral symptoms accurately or be reluctant to remove their mask, thereby causing oral lesions to be overlooked.

In conclusion, herpetic glossitis is an important, potential complication of COVID-19 therapy. In the era of the COVID-19 pandemic, the need for an oral examination may easily be overlooked. The

## **Learning points**

- ► COVID-19 and its associated therapies can lead to various glossal symptoms, such as herpetic glossitis, which is an important differential diagnosis of anorexia and is treatable.
- PCR for herpes simplex virus DNA using a lingual swab is an easy, non-invasive method of definitively diagnosing herpetic glossitis.
- Careful oral examination is still important when managing patients with COVID-19, especially because oral findings are at risk of being overlooked in the era of the COVID-19 pandemic.



© BMJ Publishing Group Limited 2021. No commercial re-use. See rights and permissions. Published by BMJ.

**To cite:** Kano Y, Honda H. *BMJ Case Rep* 2021;**14**:e245681. doi:10.1136/bcr-2021-245681

## Images in...

present case underscores the continuing need for a careful physical examination.

**Acknowledgements** We thank Mr James R Valera for his assistance with editing the manuscript.

**Contributors** YK managed the patient and wrote the original manuscript. HH provided critical revision of the report. All authors reviewed and approved the final version

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

#### ORCID iD

Yasuhiro Kano http://orcid.org/0000-0003-1210-2859

#### REFERENCES

- 1 Usatine RP, Tinitigan R. Nongenital herpes simplex virus. Am Fam Physician 2010;82:1075–82.
- Schwob E, Dandurand M, Stoebner P-E. Herpetic glossitis. Eur J Dermatol 2020;30:61–2.
- 3 Grossman ME, Stevens AW, Cohen PR. Brief report: herpetic geometric glossitis. N Engl J Med 1993;329:1859–60.
- 4 de Sousa FACG, Paradella TC. Considerations on oral manifestations of COVID-19. *Med Virol* 2021;93:667–8.
- 5 Eghbali Zarch R, Hosseinzadeh P. COVID-19 from the perspective of dentists: a case report and brief review of more than 170 cases. *Dermatol Ther* 2021;34:e14717.
- 6 Le Balc'h P, Pinceaux K, Pronier C, et al. Herpes simplex virus and cytomegalovirus reactivations among severe COVID-19 patients. Crit Care 2020;24:530.
- 7 Busani S, Bedini A, Biagioni E, et al. Two fatal cases of acute liver failure due to HSV-1 infection in COVID-19 patients following immunomodulatory therapies. Clin Infect Dis 2021;73:e252–5.

Copyright 2021 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit https://www.bmj.com/company/products-services/rights-and-licensing/permissions/
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ► Submit as many cases as you like
- ► Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ► Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

### **Customer Service**

If you have any further queries about your subscription, please contact our customer services team on +44 (0) 207111 1105 or via email at support@bmj.com.

Visit casereports.bmj.com for more articles like this and to become a Fellow