

SUMMARY

26 year old pregnant patient presented to the STD clinic in her second pregnancy at a POA of 26 weeks and 5 days with severe genital ulcers and inguinal lymphadenopathy. Typical clinical features together with the presence of multinucleated giant cells gave a presumptive diagnosis of first clinical episode of genital herpes. She had secondary bacterial and fungal infections of ulcers and cervicitis. She did not develop other systemic complications or fetal complications. She responded well to antiviral, antibacterial and antifungal treatment. Prophylactic acyclovir therapy was recommended from 36 weeks of POA onwards to prevent recurrent lesions at the time of delivery. Provided there are no recurrent ulceration at the time of labour, normal vaginal delivery was recommended. Facilities for HSV DNA PCR or antibody testing was not available.