Clinical Notes

Herpes of the Mouth with Mandibular Neuralgia

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The following recent personal experience is, I think, of general interest.

On a Sunday evening I started to get a tickling at the back of the throat which usually portends a cold. The next morning I had pain in the gums and in the buccal mucosa around the lower 3rd rt. molar. This appeared to be due to trauma or mucosal pocketing in that area and superficial ulceration developed. I treated this with gentian violet locally, without effect, but also without undue local discomfort. Throughout the day the pain became more intense and was felt over the sensory distribution of the mandibular nerve: this area was also markedly hyperaesthetic to pin-prick etc. : vesicles appeared in the mouth as far forward as the canine tooth but broke in a few hours leaving slight ulcers; the main trouble remained in the original place. Benzocaine lozenges brought no relief, and the pain was best alleviated by sucking ice. Sleep was impossible that night on account of the intense pain which was not modified by full doses of pethidine. The next morning I saw my dentist who thought traumatic ulceration the most likely diagnosis and suggested doing some extractions if improvement was not rapid. By this time (Wednesday) I was in poor shape and additional signs were maxillary adenitis and extreme tenderness on percussing lower rt. molar 1.

The next day my wife, without asking me, called in a friend who is a medical consultant. He diagnosed dental trouble and suggested extractions, but he chose different teeth to the ones selected by my dentist. Neither had thought of removing lower rt. molar 1, which by this time was so tender that the least bite on it caused excruciating pain. I could see myself becoming prematurely edentulous, and felt in no shape for such dental adventures.

On the following day (Friday) the condition started to resolve spontaneously, but I began a typical laryngitis and tracheitis. On the supposition that this was a herpetic condition with mandibular nerve involvement I had begun to give myself daily injections of Vit. B ^{12}1000 microgrammes from the Tuesday.

Comment

A diagnosis of herpes was made because the ulcers were not very sensitive to touch with a probe, nor were they as sensitive as might have been expected to such things as stewed gooseberries. Local benzocaine had no effect on the pain. On the other hand, the intensity of the pain, and the hyperaesthesia of the skin in the mandibular distribution would suggest direct involvement of that

nerve. The choice then would lie between a herpes zoster or an aberrant form of infection by the herpes simplex virus. In discussing the latter, Brain mentions buccal ulceration, lymphadenitis, and suggested that the trachea and bronchi might also be involved. He was, however, describing primary infections in infants. Elsewhere in the same article he mentions cranial nerve involvement in infections due to the herpes simplex virus.

The tale has a happy ending in that I can still masticate on my own molars, even on lower rt. 1 without discomfort. But it would seem that unusual forms of herpes of the mouth are worth recording as the condition can easily be mistaken for aphthous, traumatic, or even Vincent's ulceration, each of which was suggested in my case in the short period of three or four days. Further, unnecessary dental extractions might be advised for a condition which is self limiting. There is another and more important reason for looking out for possible nerve involvement in herpetic conditions, and that is the possibility that the virus of herpes simplex is evolving an increased tendency in that direction. Certainly, Brain suggests some alarming possibilities from aberrant forms of herpes simplex infections.

REFERENCES

Brain, R. T., (1956), *Brit. med. J.*, **1**, 1061

Appointed Factory Doctors and the Occupational Health Service.

M. E. M. HERFORD. *Brit. J. of Clinical Practice* (1957), **11**, 72-74.

Dr Herford underlines the increasing invasion of general practice by various specialities, a recent raider being " Occupational Health ".

Since the Factory Act (1833), responsible authorities have aimed at protection for the health of juvenile workers. The doctors involved, originally all part-timers, have formed associations, two main ones being the Association of Industrial Medical Officers and the Association of Factory Surgeons. These are active in stimulating research and in dealings with the British Medical Association and government departments.

There has been a continued increase of full-time officers, who now number over 450. They endeavour to expand their cover to meet that of the School Medical Service, so that youth may be supervised at all ages. Their responsibility for safety of workers in dangerous trades is nowadays less onerous because of improved conditions.

After asking many thought-provoking questions about the future, Dr Herford stresses the need to help young persons through their period of adjustment to adult life. Finally, he recommends that doctors undertaking industrial practice should have special training, and that they should support their own associations.