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Disseminated neonatal HSV infection resulting in fatal liver failure

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Neonatal herpes simplex virus (HSV) infections, especially when associated with disseminated multi-organ infection, have a poor outcome, even with antiviral therapy. Transmission of infection from mother to neonate can occur via transplacental hematogenic transmission, during delivery, or indirect transmission in the postnatal period. Approximately 45% of cases present with infection localized to skin, eyes, and mouth, while only 25% involve disseminated infection to multiple organs. It becomes a challenge when infected babies do not present with herpetic skin lesions and are found to have a negative cerebrospinal fluid (CSF) HSV polymerase chain reaction (PCR) study. We are presenting two cases of disseminated HSV infection, without any signs of an active herpes infection that resulted in death of both neonates – a newborn born at 37 weeks' gestation, admitted to the NICU on day 3 of life with respiratory distress, septic shock, DIC, severe pneumonia, pulmonary hypertension, and liver failure, and 13 day old full-term newborn who presented to the ED with fever and respiratory distress, found to have severe pneumonia, sepsis and fulminant liver failure. Both patients presented with less than six weeks of progressive pneumonia associated with liver impairment and non-bacterial sepsis, one found to have disseminated herpes infection via serum HSV PCR study and the other after autopsy. The key to reducing mortality for these patients who present without the classic HSV symptoms but with signs of sepsis or any risk factors is prompt recognition of the disseminated disease with serum HSV PCR and initiation of high-dose acyclovir.

Biography

Harsha Chandnani, MD is completing her Pediatric residency at the University of Nevada School of Medicine Department of Medicine, with particular interest in critical care and emergency medicine.

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