

## LETTERS TO THE EDITOR

### Changing trends in genital herpes due to *Herpes simplex virus type 1* in Glasgow, 1985-88.

Sir,

Although genital herpes has been recognised as a major sexually transmissible disease for many years, it is important to monitor closely its changing epidemiology. Although *Herpes simplex virus type 2* (HSV-2) remains predominantly a genital pathogen, *Herpes simplex virus type 1* (HSV-1) has been variably reported as causing between 4.2% and 60% of genital herpes episodes.<sup>1-4</sup> This is of interest, because it has a better prognosis than genital HSV-2 infection.<sup>1-5</sup>

We recently reviewed serotyping data on genital isolates of HSV since our laboratory began routinely typing all isolates with type specific monoclonal antibodies. Between June 1985 and December 1988, 2485 genital specimens were received for HSV culture, originating mainly from genitourinary medicine clinics (77.5%), but also from gynaecology departments (10.9%), other hospital sources (7.4%), general practitioners (2.4%) and family planning clinics (1.1%), predominantly from patients with clinically suspected genital herpes. Specimens were transported to the laboratory in virus transport medium, inoculated onto human fibroblast and Vero cell monolayers and observed daily for cytopathic effect. Positive cultures were typed using fluorescein labelled monoclonal antibodies against HSV-1 and HSV-2 (Syva microtrak). Negative cultures were

continued for 10 days before being discarded. Results of typing were grouped according to date of isolation and the incidence of HSV-1 genital isolates analysed by a chi-square test for trend. Our results, shown in the table, indicate an increasing trend in laboratory reports of HSV-1 from young females ( $\leq 25$  years) and, because of the strength of this trend, in females overall.

There are obvious limitations in interpretation of retrospective studies, but, nevertheless, HSV-1 is, in Glasgow, effectively replacing HSV-2 as the main cause of genital herpes in young females. The higher frequency of HSV-1 in younger patients can be explained by delayed primary exposure to the virus observed in socially privileged groups in Western countries,<sup>6</sup> primary attacks manifesting at a genital site due to sexual activity. The sex bias shown by HSV-1 is, however, unexplained, and although it has been noted by other workers,<sup>1,2,3,7</sup> no satisfactory explanation has, to our knowledge, been offered. Sexual habits vary greatly, so it seems unlikely that this consistent disparity could be due to the more frequent practice of cunnilingus relative to fellatio. The risk of autoinfection may be higher in females, for anatomical reasons, but this is not a commonly reported complication of symptomatic primary herpes infection, and, again, seems an unlikely explanation.

Whatever the causes of such observations, it is important to monitor the incidence of HSV-1 genital infection; it has a 14-55% recurrence risk, in contrast to a risk of 60-80% for HSV-2: furthermore, any recurrences are fewer, symptomatically less severe and usually temporary.<sup>1,5</sup> If HSV-1 is now the main cause of genital herpes in young women, this has important prognostic implications for counsell-

ing of patients with initial episodes of genital herpes.

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### Penile condylomata acuminata in a male child: a case report

Sir,

Condylomata acuminata is a disease of sexual maturity, though there have been many reports of the disorder occurring in children.<sup>1</sup> However, penile warts have not been described in boys.<sup>2</sup> Most of the warts in the prepubertal children occur either in the perianal area or the vulvar region, and are thought to be due to sexual abuse.

Recently, a six year old boy was seen in the STD clinic with an asymptomatic warty papule on the penis

Table Typed positive specimens—proportion identified as HSV-1, 1985-88. (chi square test for trend)

	July 1985- Sept 1986	Oct 1986- Sept 1987	Oct 1987- Dec 1988	$\chi^2$	<i>p</i>
All patients	31%	29%	38%	2.03	>0.1
Females only	41%	47%	54%	4.63	<0.05
Males only	21%	21%	17%	1.1	>0.25
Females $\leq 25$	45%	59%	65%	6.46	<0.025
Females > 25	33%	31%	34%	0.02	>0.5
Males $\leq 25$	33%	26%	19%	1.85	>0.1
Males > 25	13%	6%	16%	0.16	>0.5

\*Non-compliant patients.