

Herpes simplex encephalitis treatment

- optimal treatment: early administration of IV [acyclovir](#) is the drug of choice.

Treatment should be instituted rapidly without waiting for biopsy, before the onset of coma.

General treatment measures

General supportive measures: to control elevated [ICP](#) from [edema](#), includes: elevate HOB, [mannitol](#), [hyperventilation](#) ([dexamethasone](#) unproven efficacy)

Anticonvulsants are used for seizure prophylaxis.

Antiviral medications

Acyclovir

The drug of choice for HSE.

Drug info: Acyclovir (Zovirax®)

Rx Adult: 30 mg/kg/day, in divided q 8 hr doses in minimum volume of 100 ml IV fluid over 1 hr (caution: this fluid load may be hazardous, especially since cerebral edema is already usually problematic) for 14–21 days (some relapses have been reported after only 10 days of treatment).

Rx Children >6 mos age: 500mg/m² IV q 8 hrs × 10 days. Rx Neonatal: 10 mg/kg IV q 8 hrs for 10 days.

Drug info: Vidarabine (Vira-A®)

Six month mortality following treatment with acyclovir was influenced by: ● age (6% under age 30, 36% over age 30) ● Glasgow coma score (GCS) at time of treatment initiation (25% for GCS ≤ 10, 0% for GCS > 10) ● duration of disease before therapy (0% for initiating therapy within 4 days of onset of symptoms, 35% if after 4 days)

Findings suggest that [CTRP4](#) is highly expressed in [herpes simplex encephalitis](#) and is closely related to the progression of HSE. Thus, CTRP4 may serve as a potential severity index for HSE and targeting CTRP4 might be a promising therapeutic strategy against HSE ¹⁾.

¹⁾

Xu W, Zhou H, Li X, Wang L, Guo X, Yin L, Chang H, Wei Y, Li Q, Deng J, Zhou X, Yang H, Zhang X, Yi F, Ma W. C1Q/TNF-related protein 4 expression correlates with herpes simplex encephalitis progression. *Ann Transl Med.* 2019 Jun;7(11):235. doi: 10.21037/atm.2019.05.01. PubMed PMID: 31317005; PubMed Central PMCID: PMC6603354.

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