

Herpes Gladiatorum Treatment Guidelines

Herpes gladiatorum (also called mat herpes) is a highly contagious viral skin infection caused by skin-to-skin contact, where the herpes simplex virus type 1 (HSV-1) is transmitted from one person to another. Its primary symptom is a red, itchy or painful rash. Other symptoms include cold sores, swollen glands, blisters, and fever.

Left untreated, mat herpes can lead to severe complications (especially for immunocompromised individuals). It is important not to let the virus spread to other body parts. These may include internal organ or central nervous system complications (e.g., inflammation of the brain, tissue death in the eye) and an increased risk of contracting other infections through open sores (e.g., HIV).

Prevention

- Shower immediately after physical activity involving skin-to-skin contact
- Use your own clean towel, sports gear and equipment, clothing, and personal hygiene products.
- Change or clean physical activity gear and clothing daily
- Frequent hand washing and avoiding touching the face
- Wipe down equipment such as mats after every use.
- If a case is identified within a group (e.g. a wrestling club), all should be notified ASAP so they can take steps to prevent it from spreading
 - Disinfecting common equipment after each use
 - Disinfecting common showers
 - Wiping down shoes prior to stepping on mats

Initial care - all cases

- Avoid doing anything to exacerbate the symptoms, such as picking or itching the rash
- Apply a cool compress daily can help relieve itchiness or pain, as can wearing loose clothing that does not rub against the affected area
- Use only gentle soaps as fragrances and harsh chemicals can irritate the rash
- Avoid rubbing or washing the area more than once per day

Topical treatments - mild cases (especially recurrent flare-ups)

Topical ointments and creams are typically used to help reduce the pain and discomfort associated with herpes infection outbreaks (such as rashes and cold sores.) Typically they are applied daily until the infection clears. Antiviral creams are usually sufficient to heal a milder case of herpes gladiatorum:

- Acyclovir 5%
- Penciclover 1%
- Docosanol 10%
- Steroid creams e.g. hydrocortisone, can also reduce discomfort

Ongoing management - all cases

There are several factors that may exacerbate or trigger a flare-up of the HSV 1 virus:

- Stress
- Hormone imbalance
- UV exposure
- Emotional distress
- Trauma
- Immunosuppression

Making lifestyle changes to avoid these may help. Additionally, oral supplements can help prevent flare-ups:

- Zinc
- Vitamin E
- Vitamin C
- Lysine

Antiviral treatment - moderate-severe cases (especially first outbreak)

Oral antiviral medication requires a prescription and works by preventing the herpes simplex virus from replicating itself, thus reducing associated symptoms. There are two treatment course types:

1. **Suppressive therapy** - antiviral drugs are taken every day to reduce the frequency of outbreaks over time.
2. **Episodic therapy** involves taking antiviral drugs for a few days at the first symptoms of a breakout to clear an individual breakout. (This is more common than suppressive therapy for HSV 1 infections like Herpes Gladiatorum, as recurrent outbreaks tend to be less frequent.)

Common antiviral medications include:

- Acyclovir
- Famciclovir
- Valacyclovir

Antiviral-resistant herpes treatment - (severe, ongoing, treatment-resistant cases)

Generally, recurrent infection of mat herpes will be less severe and shorter in duration than the initial outbreak. Very frequent outbreaks or severe herpes flare-ups in the same area are cause for concern, especially if symptoms have not responded to antiviral treatment within a week. This may indicate antiviral resistance, which occurs when the virus changes (typically in immunocompromised individuals). Acyclovir-resistant herpes gladiatorum outbreaks may require:

- A higher dose of Acyclovir, e.g. 800mg five times per day
- stronger, more toxic antiviral substances. These may be administered orally, topically, or intravenously, depending on the specific lesion location and severity:
 - Foscarnet (if lesions occur in the same area immediately after clearing, intravenous, 40 mg/kg tid or 60 mg/kg bid should be administered ASAP)
 - Cidofovir (1-3% topical ointment if foscarnet fails to achieve clinical clearing)

Notes

Chilukuri, S., & Rosen, T. (2003). Management of acyclovir-resistant herpes simplex virus. *Dermatologic Clinics*, 21(2), 311–320.
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