



UNUSUAL PRESENTATION OF HAND FOOT MOUTH DISEASE IN ADULTS

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ABSTRACT Hand foot mouth disease is a common childhood illness most commonly caused by Coxsackievirus A16 and Enterovirus 71. It can rarely also affect adults. Clinical features include fever, malaise, oral ulcers and a vesicular eruption over the hands and feet. Transmission can occur via respiratory secretions, oral-oral, feco-oral, contact with fomites or sharing close living spaces. Painful stomatitis is an early feature and diffuse pupuric rash is a feature seen more commonly in adults. While the course of this infection is usually benign in children, resolving in a period of 1-2 weeks, atypical presentations are seen in adults. In this article we report a cluster of three cases with atypical features of this infection.

KEYWORDS : Hand, foot and mouth disease, atypical presentation

CASE DETAILS:

Three male patients 17 years (Case1), 18 years (Case 2) and 19 years (Case 3) years old, staying together in a hostel room presented with itchy, fluid filled rash distributed on face, hands and feet. All three patients reported upper respiratory tract symptoms and fever 5-7 days prior to the appearance of the rash.

On clinical examination, all three patients had well defined, flaccid vesicles (<1cm) on an erythematous base with purpuric spots present on bilateral hands (Fig.1), feet (Fig. 2) and face (Fig. 3), along with few erosions. Mucous membrane involvement in the form of erosions on tongue (Fig. 4) was seen in case 3 with skin lesions more concentrated on the face. This patient carried underlying diagnosis of sickle cell anemia. All three patients had history of chicken-pox in childhood. There was no regional lymphadenopathy and systemic examination was normal in all three patients. Routine investigations (Complete blood count, Liver function tests, Renal function test) were within normal limits. HIV, HbsAg, HCV and VDRL were negative. Serological tests like IgM antibody against cox-sackie A16 was done and came positive in one patient. The patients were treated with analgesics (paracetamol) and anti-histamines (levocetirizine, fexofenadine) and topical calamine lotion. They were advised isolation for a period of 1 week.



FIG 1:- Few raw areas and purpuric spots on both palms



FIG 2:- Purpuric spots on soles



FIG 3:- Crusted erosions on the face and ears



FIG. 4- Multiple erosions on the tongue and palate

DISCUSSION:-

Hand foot and mouth disease is a contagious febrile, rash producing disease caused by Coxsackievirus A16 and Enterovirus 71. The virus has an incubation period of 4 to 6 days after which fever, malaise, sore throat and rash develop. Although less common, Coxsackievirus A6 is known to cause severe disease in adults. Transmission can occur via respiratory secretions, oral-oral, feco-oral or contact with fomites. Sharing close living spaces makes students living in a hostel facility more prone to transmission of this infection. It is common in infants and children younger than 5 years of age, but can also affect older children and adults. Affected individuals are most infectious in the first week but may remain infectious for 4-8 weeks due to residual viral shedding in stools. Common skin manifestations include vesicular

rash on the hands, feet and buttocks along with oral ulcers. The disease is self-limiting and rash resolves in a period of 10 days. In our case series, all three patients had lesions on face, similar to the distribution of varicella lesions in adults. Lesions were larger in size as compared to lesions seen in children. It is known that atypical HFMD presents with more variable and severe manifestations especially in adults-including presentation with a more disseminated rash purpuric lesions. It is therefore important to know common childhood illnesses which can affect adults and how they manifest in adults.

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