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Hand Foot Mouth Disease in an Immunocompetent Adult.

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ABSTRACT

Hand Foot Mouth Disease a viral disease is mainly seen in children and immunocompromised adult. It is characterized by erythematous vesicle over the hand, feet, and mouth ulcers. In this paper we are reporting a rare case of Hand Foot Mouth Disease in an immunocompetent adult

Keywords: Hand foot and mouth disease, coxsackie virus, immunocompetent adult

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INTRODUCTION

Hand Foot and Mouth disease (HFMD) is caused by coxsackie virus and enterovirus in children [1]. It is usually seen in children. It is characterised clinically by mild fever with constitutional symptoms followed by multiple vesicles surrounded by erythematous halo arranged usually in groups over the elbow, knee joint, gluteal region.

HFMD is usually rare in adults. We have reported here a case of HFMD in immunocompetent male. There are only few reports of HFMD in adults so far.

Case Report

A 34-year-old man came with complaints of painful lesion over the fingers and legs for 2 days. There was history of fever two days before for which he took paracetamol. Patient also gave history of oral ulcers for past two days over the lips. There was no history of similar episodes before or trauma. No history of any other drug intake recently. No history of any other skin lesion. Patient gives history of similar disease for his child for which he took treatment from a paediatrician.

On clinical examination there were clear vesicles with an erythematous halo over the tip of fingers and few scattered lesions over knee joint and sole. There were multiple aphthous like ulcers over the lips. No target or targetoid lesions seen.

A differential diagnosis of erythema multiforme is thought because of fever, oral ulcer and skin lesion. Because of the presence of vesicles over the mouth, fingers and leg with a classical morphology and contact history of a diagnosis Hand foot and mouth disease is made clinically. The patient was also checked for HIV and found to be negative.





DISCUSSION

HFMD is caused usually by coxsackie A16, A5, A7, A9, A10, B2 and enterovirus 71[1]. This is common in children and immunocompromised adult. It is rare in immunocompetent adult.

Clinically manifests as constitutional symptoms followed by multiple grouped vesicles over the hand, feet, gluteal region, knees and elbows. The lesions are surrounded by erythematous halo. In the oral cavity multiple painful aphthous ulcers occur. Usually disease occurs in a sporadic distribution. There were reports of epidemic in India [2]. The course of the disease is usually benign and self limiting without any systemic complications in India, although reports of CNS and pulmonary involvement seen in china and Taiwan. [3]. The predisposing factors are stress, fatigue and poor personal hygiene. It spreads by nasal droplets, feco oral route, there were also report of spread by mobile phones [4]. HFMD caused by coxsackie A16 is usually benign, self limiting [5] and those caused by enterovirus 71 is prone to cause CNS and pulmonary involvement [6]. This disease usually occurs in sporadic manner rarely epidemics are reported in India. Treatment is usually supportive therapy, acyclovir may be needed in immunocompromised. Although the disease pattern in India is usually benign attention needed towards this disease because before fatal epidemic occurs which has happened in China and Taiwan [7].

CONCLUSION

HFMD in adult is noted nowadays due to changes in climatic conditions, increased global travels and continuous change in evolution of virus. A thorough history, astute clinical examination helps in diagnosing the disease so as to prevent an epidemic.

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