Letter

Hand foot and mouth disease – are we missing cases?

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To the Editor:

Hand foot and mouth disease is a syndrome caused by Group A Coxsackie virus especially A 16, but outbreaks due to A 5[1], Coxsackie B and enterovirus 71[2] have occured from time to time. It mostly affects young children though adults too may be affected.

Usually it is a mild condition, with an incubation period of 3-10 days. The symptoms last about one week. It starts with malaise and irritability and mild fever may set-in. Characteristic feature is the development of vesicles in the mouth, hands and the feet. Oral vesicles are few in number and may be scattered over the palate, gums, tongue and buccal mucosa. They ulcerate easily and may cause painful stomatitis in adults. Characteristic vesicles are found on the hands and feet. They are painful, pearly grey or haemorrhagic and are about 5mm, in diameter with a small red areola; mostly occuring on the sides or backs of fingers and toes and around the heel margins, but may occur on the palms and soles as well. The vesicles last 2-3 days and fade away. Occasionally anterior cervical lymph nodes become enlarged and tender. Relapses of the disease are rare. A more severe generalized vesicular form resembling Kaposi's varicelliform eruption may occur in atopic children[3]. Hand foot and mouth disease is a self limiting one, but rarely it may be complicated by encephalitis.

The author has seen six cases over four months from May to August 1996. They were sporadic cases; two were unrelated children 2 and 3 1/2 years old, from the same village in Kottawa, a suburb of Colombo; and four others aged from 1 1/2 to 3 years were from different parts of Nugegoda and Maharagama, both suburbs of Colombo.

All presented with fever of 1-2 days duration with spots in hands. Examination revealed few deep seated vesicles, greyish and non haemorrhagic, on palms and soles. One child had two vesicles on the palate, and others had ulcers on the hard palate varying from two to four.

Only one child had tender anterior cervical glands. With symptomatic treatment all recovered without any complications. Diagnosis was clinical and no histology was performed. Herpangina was excluded as all patients had characteristic vesicles in hands and feet.

It is likely that Paediatricians and General Practitioners see more cases than the Dermatologists as the early cases with fever visit them first. Because they remit with symptomatic treatment, usually no second visits are made while having characteristic vesicles later in the disease. This way these cases tend to go un-noticed.

There are no reports on record of any sporadic cases or outbreaks of Hand foot and mouth disease in Sri-Lanka and the author's six cases are the first to be reported from this country.

References

1 & 3 Highet AS, Kurtz J, Rook, Wilkinson. Ebling Text book of dermatology Blackwell scientific publications. Oxford, 5th edition 942-943.

2. Timbury MC. Medical virology, 9th edition Churchill Livingstone 63.

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