ATYPICAL PRESENTATION OF HAND-FOOT-MOUTH DISEASE. CASE REPORT

Case report. A 4-year old boy came for examination from the Pediatric Department due to a widespread papular and vesicular eruption, fever (38.6 C°degrees), malaise, vomiting, abdomminal discomfort and diarrhea with sudden onset 24 hours before admitting to the hospital. These symptoms were preceded by mild irritability and small erosions on the tongue.

On dermatological examination, there was an asymptomatic widespread eruption, consisting of papules and vesicles on an erythematous base and a few crusts, distributed on the palms, feet, face, earlobes, perianal region, gluteal area, lower limbs. At the time of examination the child was in good condition, with no fever, no digestive symptoms.

The laboratory examinations showed only mild anemia. Serological tests for hepatitis (A, B, C) virus, Epstein-Barr virus, Cytomegalovirus, Mycoplasma, Chlamydia and Coxiella were negative. IgG antibodies for varicella-zoster virus were elevated. Virological test for Enterovirus 71 was positive in the stool (DIAQUICK Adenovirus Cassette, DIALAB, Italy). The clinical and laboratory findings, in an epidemic context, led to diagnose **hand-foot-mouth disease**.

Hand-foot-mouth disease (HFMD) is an acute viral infection mostly caused by human Enterovirus 71 and Coxsackievirus A16 that occurs usually among children in summer.

Human enterovirus 71 belongs to the Human enterovirus A species of the genus Enterovirus of the family Picornaviridae and is a major causative agent of HFMD.

Coxsackievirus A16 (CA16) was the first viral agent isolated from patients with HFMD. Later on CA4, CA5, CA6, CA9, and CA10 as well as Coxsackievirus B (CB) were also found as etiologic agents of HFMD (4).

Clinical symptoms include fever, mild pharyngitis and respiratory symptoms, systemic symptoms such as headache, vomiting and sometimes diarrhea along with dermatological manifestations. The classical clinical features are oval vesicles on the hands and feet and painful oral mucosa erosions. Nowadays, the skin lesions can be different (3) varying from just a few papules or vesicles, scattered around the mouth, hands and feet, to more widespread papules and vesicles, with or without erythematous halo, on the face, limbs, trunk, buttocks, around the anal area, accompanied or not by oral involvement.

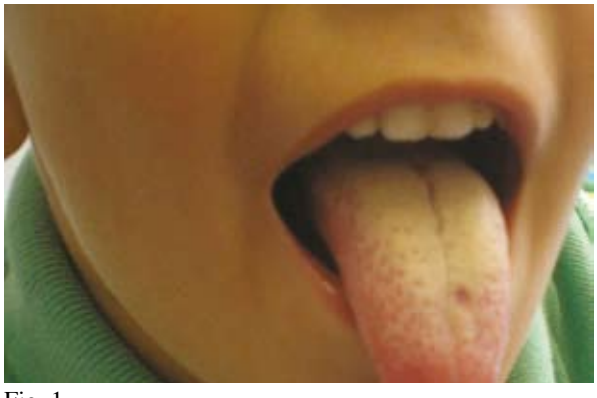

Fig. 1

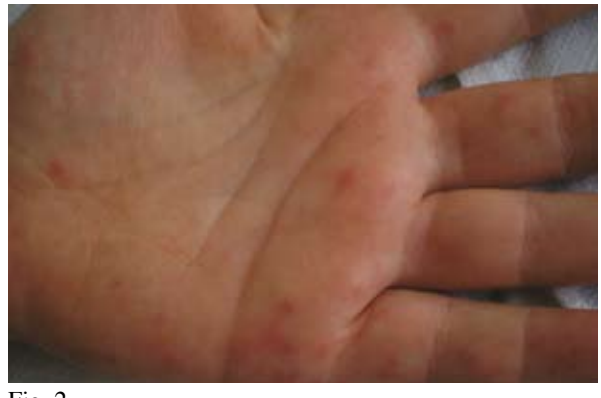

Fig. 2

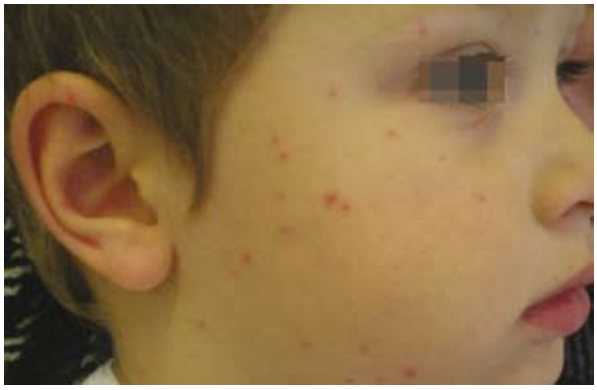
Fig. 3

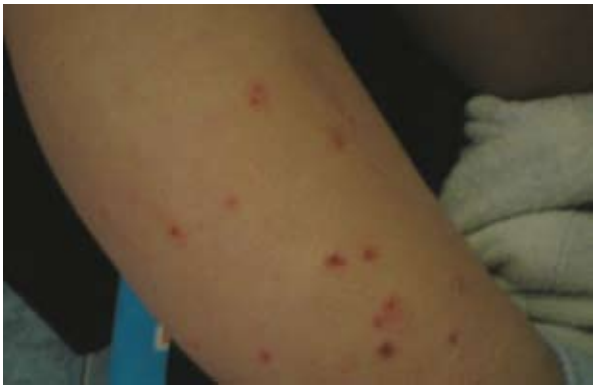
Fig. 4

Most cases resolve without complications. However, neurological complications (meningoencephalomyelitis, poliomyelitis-like paralytic disease, opsoclonus-myoclonus syndrome, benign intracranial hypertension, and brainstem encephalitis), pulmonary complications (neurogenic pulmonary edema, pulmonary hemorrhage) and even death (2) may occur (5).

The standard protocol for enterovirus diagnosis is based on virus culture, but it takes several weeks for confirmation and the sensitivity is 50-70%. Another specific method of detection is RT-PCR but it is very expensive and not always accepted in a disease, where the diagnosis is usually done thanks to the clinical features.

In conclusion we described a case of HFMD with widespread lesions on the face, trunk and limbs caused by Enterovirus 71 as supported by its isolation in the stool.

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