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Letter to the Editor

Atypical hand foot mouth disease presenting as vesiculobullous lesion

Sir,

Hand, food, and mouth disease (HFMD) is a highly contagious disease caused by enteroviruses affecting young children under 5 years. Among enteroviruses (EVs), the main pathogens of HFMD are coxsackievirus A16 (CV-A16) and EV-A71 (EV-71).[1] The clinical features include a prodromal phase which has low-grade fever, malaise and sore throat. This initial phase is usually followed by enanthem and erythematous papular skin lesions, predominantly affecting palms and soles. The dorsal surface of hands, feet, and perioral skin are rarely affected. Atypical HFMD presents as a widely distributed rash with varying morphology that makes clinical diagnosis and treatment challenging.[2] Our objective is to present atypical cutaneous manifestations of HFMD caused by CA6.

3 year old previously healthy toddler girl was brought with complaints of fever of 3 days duration with whole body papular and vesicular eruptions since then. These eruptions were initially noted in the perioral region which then progressed to the whole body within these 3 days. On examination her vitals were stable and systemic examinations were unremarkable. Dermatological examination revealed wide spread vesiculobullous eruptions 5-6 mm each on an erythematous base with few crusty patches noted on torso, palms and soles (Figure 1 to 4). There were few discrete erythematous papules in the perioral, labial and gluteal region (Figure 4).

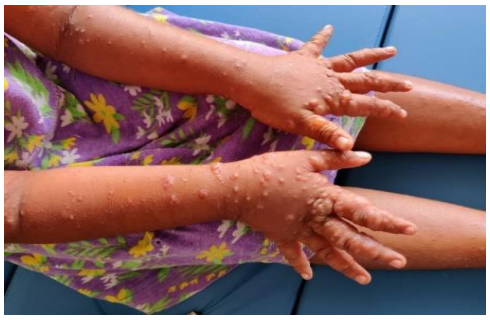

Figure 1: Vesiculo bullous and papular lesions over of hands and forearms.

On investigation blood counts, C-reactive protein (CRP) were normal, serological tests for Herpes virus, Epstein-Barr virus, Cytomegalovirus, Mycoplasma, Rickettsial infections and Tzank smear for multinucleate giant cell were all negative. Polymerase chain reaction (PCR) from skin lesions were positive for coxsackie virus A6. Hence, the diagnosis of atypical HFMD was made. She was managed conservatively with saline compression and other supportive measures subsequently she became better and on 1 week follow up the vesicular bullous lesions have healed completely (Figure 5).

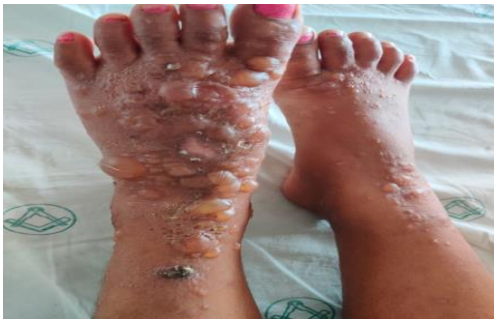

Figure 2: Vesiculobullous lesion over foot.

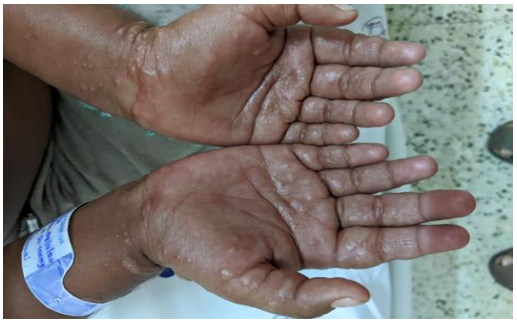

Figure 3: Papuloveicular eruptions over palms.

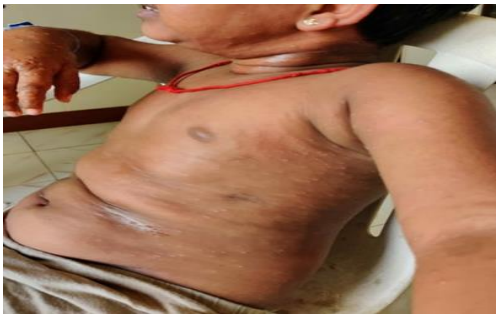

Figure 4: Skin lesions over trunk.

Atypical HFMD is defined when there are prodromal symptoms (fever, cough, diarrhoea) with either of the following clinical manifestations: large vesicles or bullae in the body or maculopapular rash involving the trunk, buttocks, or facial areas.[1,3] Coxsackie virus generally has a benign course however rarely coxsackie A virus can

cause such vesiculobullous lesions. Other atypical manifestations include erosive eruptions, eczema coxsackium, Gianotti–Crosti-like eruption, petechial and purpuric rash. Sometimes onychomadesis and acral desquamation can be the only manifestation when the patient presents later.[4] The exact mechanism of this atypical presentation is poorly understood and are generally self-limiting mild viral disease. HFMD by EV-71 may sometimes lead to neurologic complications such as aseptic meningitis, encephalitis, or polio-like syndromes in children.[5]

Our child had vesiculobullous eruptions predominantly in acral region which was benign and self-limiting.

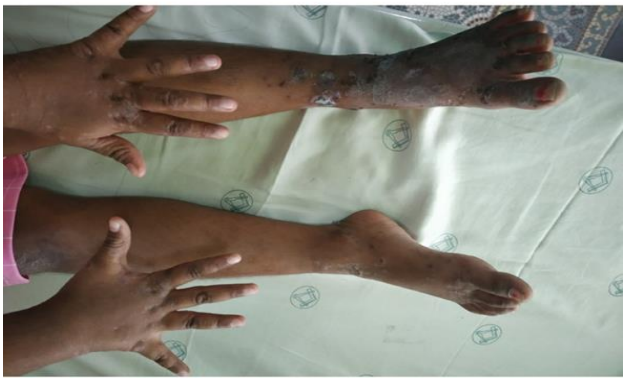

Figure 5: Healed skin lesions.

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