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Case Report

Nodular episcleritis associated with hand, foot and mouth disease in a 3-year-old child

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ABSTRACT

Hand, foot and mouth disease (HFMD) is a contagious viral illness primarily affecting infants and children, though it can also occur in adults. This viral infection is marked by a short febrile phase and characteristic vesicular rashes. In rare instances, children may experience other systemic complications too. Episcleritis is an inflammation of the episcleral tissue, which is the thin tissue layer situated between the conjunctiva and sclera, which can be unilateral or bilateral. Symptoms typically include redness, mild discomfort or pain in the eye, and preserved visual acuity. It is divided into simple and nodular types. Most cases resolve within 1 to 3 months. The nodular variant is more likely to recur and can be more painful in nature. This case report presents a rare case of nodular episcleritis in a child who presented with a three-day fever, symptoms of discomfort, headache and skin eruptions on various body parts that progressed to blisters, leading to a diagnosis of hand, foot, and mouth disease (HFMD). Nodular episcleritis of the left eye developed on day five of illness. The child was initially managed with antipyretics, antihistamines and topical emollients. However, persistence of episcleritis lead to prompt initiation of ocular corticosteroids, requiring frequent applications initially followed by tapering. Skin lesions faded after two weeks, and episcleritis resolved after four weeks. No systemic treatment was required.

Keywords: Hand, foot and mouth disease, Vesicular rashes, Nodular episcleritis, Ocular corticosteroids

INTRODUCTION

Hand, foot and mouth disease (HFMD) is an acute viral infection occurring mostly in infants and children characterized by a brief febrile illness, typical vesicular rashes on the palms, soles or buttocks and oropharyngeal ulcers. The major etiological agents for HFMD are viruses of Human Enterovirus group A, most commonly, Coxsackievirus A16 (CVA16) and Enterovirus 71 (EV71).[1-3] The inflammatory disease known as episcleritis affects the episcleral tissue that lies beneath the sclera and conjunctiva. Its aetiology is unknown but may be associated with other systemic diseases. While episcleritis is more common in adults, it does occur in childhood and, clinically, it behaves like episcleritis in adults.[4] This report presents a case in which a child initially presented with HFMD, then developed nodular episcleritis. Despite, the paucity of data in the literature about the pathogenic relationship between the two illnesses, this is a unique case that merits consideration.

CASE REPORT

A 3-year-old female child presented to the Pediatrics outpatient department of a tertiary care hospital with the complaint of fever for 3 days, associated with malaise, weakness and headache. On the third day of fever, mother had noticed eruptions over hands, legs, face, back,

foot and buttocks which were followed by blisters. After getting the needed information and consent from the parent as part of the usual process before the clinical evaluation, the patient was thoroughly evaluated. Based on the clinical characteristics and medical history, HFMD was diagnosed. On the day five of illness, she had developed nodular episcleritis involving the left eye. The diagnosis of episcleritis was based on selective dilation of the superficial episcleral venous plexus with surrounding oedema and absence of involvement of the underlying sclera.



Figure 1: Papules of HFMD on the palm of left hand.

Conjunctival irritation, discharge and lymphadenopathy were especially looked for in order to rule out conjunctivitis. The patient was advised to consume plenty of fluids and was prescribed antipyretics to control fever, topical local anaesthetic for intraoral application, antihistamine syrup to reduce itching and calamine lotion for topical application. However, the episcleritis persisted beyond a week after its onset. Hence, she was started on ocular steroids (0.1% fluorometholone), which was initially given 6 times a day, followed by weekly tapering. Cutaneous lesions started fading after 2 weeks of onset while episcleritis lesion disappeared after the fourth week of ocular steroids. Child did not require any systemic management.

DISCUSSION

The Enterovirus family is the primary cause of HFMD, a common infectious viral infection. Coxsackievirus A16, coxsackievirus A6, and enterovirus 71 are the most common causes of HFMD. It is mainly in children under 10 years old and rarely in adults. The distinguished features of HFMD are fever, oral ulcers, and skin manifestations affecting the palms, soles, and buttocks, with symptoms usually lasting <1 week. HFMD is self-limited and often recovers in 7–10 days.[1,2] In severe disease, cardiorespiratory and neurological involvement may be observed. HFMD is generally diagnosed on clinical grounds. There is neither an effective antiviral therapy nor an effective vaccine available against the disease. It is a contagious disease and has the potential to spread very fast over a large population in the community.[4]

Episcleritis in childhood, like in adults, is a benign self-limited inflammatory process that does not spread to adjacent ocular tissues or compromise vision. Despite being benign, episcleritis is significant due to its correlation with systemic illness.[5] The course of episcleritis generally clears on its own without proper treatment, and assurance is the prime step in management. However, some individuals might be uncomfortable with the appearance of pink nodules or suffer from symptomatic pain and discomfort. Specific measures, such as cool compress, artificial tears, topical vasoconstrictors, or medical therapy, must be initiated.

Local therapy started for nodular episcleritis was to relieve the symptoms with more indolent local corticosteroid drops and anti-inflammatory agents.[6] There are literatures mentioning about various atypical presentations and complications of HFMD: Ocular complications such as acute conjunctivitis, serious posterior segment inflammation like Unilateral Acute Idiopathic Maculopathy (UAIM), central serous retinopathy has been documented so far.[7] While there are no previous literatures explaining about the pathogenic connection between the two illnesses, this happens to be the first case report to document Nodular episcleritis associated with HFMD.



Figure 2: Nodular episcleritis of the left eye.

CONCLUSION

From the case reported, it can be identified that seemingly self-limiting illnesses, such as HFMD, may have association with ocular manifestation like nodular episcleritis requiring medical management. The exact

pathogenesis of the condition is not known yet. Improved surveillance in both the primary care and emergency care settings would provide increased knowledge regarding the incidence, demographics, and occurrence of both atypical presentations and unusual complications.

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