

A Case Study on Hand, Foot and Mouth Diseases among Children

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Abstract

This paper includes the case study of Master x, 5 years old male, presented with a history of fever, sore throat, blisters on hand, legs and in mouth by physical examination master x is diagnosed as hand, foot and mouth disease. Hand-foot-and-mouth infirmity is a disease that causes wounds in or on the mouth and on the hands, feet, and now and again the backside and legs. The injuries may be troublesome. The ailment generally doesn't last over a week or something like that.

Keywords: Hand-foot-and-mouth disease

Introduction

Hand-foot-and-mouth illness is typical in kids anyway can in like manner occur in adults. It can happen at whatever point of year yet is commonly ordinary in the pre-summer and fall. Hand-foot-and-mouth ailment is realized by a contamination called an enterovirus [1-3].

Definition

Hand-foot-and-mouth ailment - a gentle, infectious viral disease normal in little youngsters - is described by wounds in the mouth and a rash on the hands and feet. Hand-foot-and-mouth sickness is most regularly brought about by a coxsackievirus.

Incidence

This hand, foot and mouth disease occur in childhood, under 5 years.

Pathophysiology

The contamination happens when a powerless individual is presented to the infection by methods for direct contact with nose and throat releases, spit, vesicle liquid or fecal material from a tainted individual. The infection may endure in fecal material for as long as multi month. After contact, the infection spreads to territorial lymph hubs inside 24 hours and viraemia quickly pursues, with spread of the infection to the oral mucosa and skin causing the vesicular rash. The brooding time frame is 4 to 7 days; nonetheless, there might be a prodromal time of 3 to 4 days. Sores in the mouth mend inside multi week, and injuries on the hands and feet may keep going for as long as 10 days [4-6].

Etiology

Table 1 and Table 2

Diagnostic Evaluation

Table 3

Management

1. Antibiotic therapy
2. Rest
3. Analgesic
4. antipyretic
5. Tab antihistamin

6. Lotion lacto
7. Topical lidocaine gel(inside mouth)

Nursing Intervention

Hyperthermia (101F) related to infection

1. Complete bed rest was given legitimate position and gave great ventilation and satisfactory liquid endorsed medicine tab paracetamol.
2. Provided a lot of water.
3. Imbalanced nourishment not as much as body prerequisites identified with sore throat
4. Provided delicate and semiliquid eating routine. Maintained a strategic distance from nourishment with acidic in nature ex: orange juice, lemon juice and so on.
5. Provided nutritive eating routine in little amount in visit interim of time [4-6].

Summary

Master x was cooperated with health personnel. Although his symptoms were well responding to treatment, it was recurring. He did not develop any complication during hospital stay.

Conclusion

Anticipation of ailment is significant at the point when right and exact treatment won't taken then complexity may continue. The medical caretaker must incorporate relatives and other emotionally supportive network when arranging a patient consideration [7].

Ethical Clearance

No ethical clearance was necessary for this research work.

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Received February 06, 2021; **Accepted** September 16, 2021; **Published** September 23, 2021

Citation: Christina AA (2021) A Case Study on Hand, Foot and Mouth Diseases among Children. J Dent Sci Med 3: 128.

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Figure 1: Symptoms of hand foot and mouth disease.

Book Picture	Patient Picture
Caused by coxsackievirus A-16 which is a member of the enterovirus family.	Not known
Fecal-oral pattern	Not known
Exposure to infected fecal material or oral secretions (nasal discharge, saliva, etc.)	Not known

Table 1: Diagnosis of patient.

Book Picture	Patient Picture
Tired	Present
Itching	Present
Sore throat	Present
Fever of 101F-103F	101F
Sores or blisters (mouth, hands, feets and sometimes on buttocks)	Present
Skin rashes before the appearance of blister	Absent

Table 2: Clinical manifestation.

Table 3: Diagnostic evaluation.

Book Picture	Patient Picture
A doctor can tell you if your child has hand-foot-and-mouth disease by the symptoms you describe and by looking at the sores and blisters. Tests usually aren't needed.	Master x had fever (101F), blisters on palms of hand, knees and legs and few blisters in mouth.
Serologic testing (eg., acute and convalescent antibody levels) may be obtained	Complains of sore throat
Differentiating coxsackievirus associated HFMD from EV-71- associated HFMD may have prognostic significance.	Not done
PCR and microarray technology are among the various ways of identifying the causative virus	Not done

Conflicts of Interest

Nil.

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