

CASE REPORT

ONYCHOMADESIS IN A CHILD-SEQUELAE OF HAND-FOOT-MOUTH DISEASE

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INTRODUCTION: Hand-Foot-Mouth disease of coxsackie a virus and Enteroviruses. With symptoms like fever, sore throat, followed by Maculopapular and vesicular lesions around the oral cavity, palms and soles and recently adding to the list is onychomadesis. As a result of nail matrix function arrest, there is transverse ridging (beau's lines), temporary loss of nail plate.

CASE REPORT: A 3 ½ year old boy presented in the dermatology OPD with transverse ridging over the nails of fingers [Fig.1, 3, 4] and toes [Fig. 4] with a mild surrounding exfoliation. This episode was preceded by low grade, intermittent fever on and off for 10 days with history of multiple vesicular and papular and maculopapular lesions around the oral cavity, palms and soles. Generalized fatigue and difficulty in taking food was observed. There has been no history of abdominal pain, loose stools, burning micturition, seizures, head ache. No history of taking any native medications.

Baby was treated with a course of antibiotics by a physician.

DISCUSSION: Hand-Foot-Mouth disease is an acute highly contagious disease caused by several enteroviruses, such as coxsackie virus A6, A10, A16 and enterovirus 71.^[1] Usually it has a self-limiting course. Common in children under 10 years and during warmer months. The disease has a world wide distribution, occurs sporadically as well as out breaks. After an incubation period of 4-7 days, symptoms like fever, sore throat, oral thrush manifest followed by maculapapular and vesicular lesions around the oral cavity, palms and soles.^[2]

The strains of enterovirus 71 has been associated with significant morbidity and fatality. Clinically it has been associated with encephalitis meningitis, severe pulmonary edema, and cardiac complications.^[3] In reference to our case strains of coxsackie virus A6 causes onychomadesis. This has been rarely reported.^[4]

Onychomadesis is a periodic, idiopathic, painless, spontaneous, self-limiting shedding of nails beginning at its proximal end indicating temporary arrest in the nail matrix function. Usually the regrowth is between 1-4 months.

However, the mechanism behind still not very clear. Various theories contributing are, it could be either due to direct inflammation of HFMD or coxasackie virus specific dysfunction.^[5] Severity of the nail changes is more younger age group common during out breaks.

CONCLUSION: This report highlights the need to carefully quantify the nail change associated with Hand-Foot-Mouth disease which may be missed by over sight or ignorance.

CASE REPORT

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Full Size Render



Full Size Render 2

CASE REPORT



Full Size Render 3



Full Size Render 4

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