



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Enteroviral vesicular stomatitis

Also known as ... Hand, Foot and Mouth Disease

What is it?

Enteroviral vesicular stomatitis or hand foot and mouth disease is a common contagious viral illness that spreads from person to person. It usually occurs in children but can affect individuals of any age. It is usually a short illness (7 to 10 days) that results in fever, tiredness and tiny oval shaped blisters on the hands, feet and painful erosions in the mouth but resolves without treatment. In rare cases, the disease can be more serious.

What causes it?

A group of viruses is responsible for causing hand foot and mouth disease. The most common cause is coxsackievirus A16 but it can also be due to other viruses in this genus including enterovirus 71, coxsackievirus A5, A7, A9-10, B2, B5 and echovirus.

What does it look like?

People suffering from hand foot and mouth disease generally feel unwell and have a fever and sore throat. They can also have red or grey spots or tiny blisters (vesicles) on the hands, feet, mouth and pharynx (which connects the mouth to the oesophagus). Babies may have a rash in the nappy area in addition to the other symptoms.

Hand foot and mouth disease is highly contagious and spreads by contact with oral or nasal secretions (for example droplets from coughing or sneezing or saliva) or from the fluid in the blister of someone suffering from the disease. Another way the disease spreads is through the faeces of a person with hand foot and mouth disease. Blisters are infective until they have dried up. Faeces remain infective for up to a month after the illness.



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A Color Guide to Diagnosis and Therapy SEVENTH EDITION James G.H. Dinulos, MD

What other problems can occur with the condition?

Generally, hand foot and mouth disease is a self-limiting condition, which means that it resolves on its own with no other problems. In rare cases, it can be more serious especially in immunocompromised people (those whose immune system is not functioning normally) or pregnant women.

Some of the rare complications include:

- infection of the brain and its lining (meningoencephalitis)
- infection of the heart muscle (myocarditis)
- acute flaccid paralysis (muscle weakness)
- infection of the gut (gastroenteritis)
- infection of the lungs (pneumonia)
- rare neurological complications (more commonly associated with enterovirus 71)
- Miscarriage in the first trimester or failure of the foetus to grow normally (foetal growth retardation) may occur if a pregnant women contracts hand foot and mouth disease.

How is it diagnosed?

In most cases, the diagnosis is made from the medical history and clinical examination. Occasionally, laboratory tests may be required to confirm the diagnosis including swabs or blood tests (serology). Sometimes, your doctor may order a combination of both tests.

How is it treated?

There is no specific treatment for hand foot and mouth disease. Management aims to control symptoms such as fever or pain from ulcers in the mouth. Mouthwashes or sprays applied directly to ulcers can provide pain relief. It is important to keep hydrated by having small regular sips of water and getting adequate rest. The blisters should be left to resolve naturally.

What is the likely outcome of the condition?

In most cases, hand foot and mouth disease is a self-limiting illness that resolves by itself without treatment, usually healing with no scars. Serious complications are rare.

Further information

[Royal Children's Hospital Melbourne: Hand, foot and mouth disease](#)

This information has been written by Dr Anousha Yazdabadi