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## Herpangina in adults treatment

Herpangina is a viral infection of the mouth which is in most cases caused by a particular strain of group A coxsackievirus, but also by group B coxsackievirus, echovirus and enterovirus 71. It affects children more commonly than adults. The distinguishing symptom of herpangina is small, blister-like ulcers or lesions on the roof of the mouth and at the back of the throat, which are often painful. It is generally considered to be a non-serious condition that ordinarily clears up in under 10 days. The groups of viruses that cause herpangina are highly contagious. Viral causes of herpangina Herpangina is in most cases caused by a particular strain of group A coxsackievirus, but also by group B coxsackievirus, echovirus and enterovirus 71. Coxsackievirus is an enterovirus, and it is related to poliovirus, echovirus, and other enteroviruses. These viruses are common, and are spread by human-to-human contact, contaminated objects like door handles and cutlery, droplet infection and by contaminated water. A common disease related to herpangina is hand, foot and mouth disease (HFMD), which is caused by coxsackievirus A16 and enterovirus 71. Enterovirus 71 has been responsible for several outbreaks in East and Southeast Asia, and it is associated with encephalitis, though this is rare. Hand, foot and mouth disease is very similar to herpangina, causing similar symptoms, including sores and lesions. The difference between herpangina and hand, foot and mouth disease is explained below. Symptoms of herpangina Symptoms of herpangina in infants, toddlers and children The early symptoms of herpangina are similar to other viral infections that affect the nose and throat. These include: Sore throat Pain when swallowing Headache Sudden fever Neck pain Swollen lymph glands Loss of appetite Drooling and/or vomiting Herpangina is generally considered to be a benign condition, but complications are possible. One of the biggest risks associated with the condition is dehydration, caused by an individual refusing food or water due to discomfort or lack of appetite. Symptoms of dehydration can include: Fatigue Decreased urination Dry mouth. If there is a suspicion of dehydration, seek a medical opinion right away. The symptoms of herpangina will normally disappear within 7 to 10 days. In cases where the high fever or ulcers do not disappear after five continuous days, medical advice should be sought as soon as possible. Concerned that your child has herpangina? Consult the Ada app for a free symptom assessment. Symptoms of herpangina in adults Although herpangina is primarily a disease that affects children, adults can contract it, too. It is common for parents to contract herpangina from children who are sick, but fortunately the disease is no more severe in adults than it is in children. However, because unborn children can be affected, it can be a matter for concern if a pregnant woman contracts herpangina; see below. Herpangina in adults has the same symptoms as herpangina in children. These include: Sore throat Pain when swallowing Headache Sudden fever Neck pain Swollen lymph glands Loss of appetite Adults with herpangina do not generally drool or vomit. Although these symptoms are uncomfortable, herpangina in adults has a good prognosis unless other manifestations of enterovirus infections are present. These are rare, but can include aseptic meningitis. Herpangina is much less common in adults and adolescents than it is in children. Herpangina in adults lasts for about ten days. If a pregnant woman contracts herpangina or hand, foot and mouth disease, the virus may affect the unborn child. The infant may be small for their gestational age, have low birth weight, or be born prematurely if they have been exposed to herpangina in utero. If a pregnant woman contracts herpangina, she should consult a doctor as soon as possible. Sores and lesions in herpangina Herpangina is different from other similar conditions because of the small blisters, later ulcers, which form on the back of the throat. These ulcers will begin to appear within two days after the initial infection. The sores, otherwise referred to as lesions or erythematous macules, develop towards the back of the mouth and throat. They are typically light red in colour and in most cases less than half a centimeter across. In the later stage of the condition, the ulcers can typically be distinguished by their light grey colour and red border. These may be confused with aphthous mouth ulcers. Hand, foot and mouth disease is not the same as herpangina but the courses of each disease are quite similar. Like herpangina, HFMD tends to affect younger children but can also, more rarely, affect older children and adults. Some adults may show no symptoms of HFMD. Symptoms of hand, foot and mouth disease in adults can be quite severe, but complications rarely occur. The virus can cause inflammation in the heart, lung and brain, which can be very serious. One of the most distinctive differences between HFMD and herpangina is the rash. The rash in herpangina is restricted to the mouth, affecting: The back of the throat The roof of the mouth and soft palate The tonsils The uvula The tongue In hand, foot and mouth disease, the rash may affect: The mouth, including the tongue, roof of the mouth, tonsils, uvula and the back of the throat The hands and feet The knees and elbows The buttocks and genitals Unlike the rash caused by chickenpox, the rash caused by HFMD is not itchy, although it may be slightly sore. The lesions are also usually smaller than those characteristic of chickenpox. Good to know: It is not thought that HFMD and herpangina affect the unborn children of women who contract the diseases. However, if the infection occurs in the last three weeks of pregnancy, women should contact their physicians without delay. Causes of herpangina Herpangina is in most cases caused by a particular strain of group A coxsackievirus, but can also be caused by group B coxsackievirus, echovirus and enterovirus 71. Each of these viruses is highly contagious and most common in children younger than 7 years of age. Children are more susceptible to these viruses because they do not yet possess the antibodies that defend against it. However, it is possible for the condition to affect a person of any age. Typically, the virus is spread when fecal matter from an infected individual comes into contact with the mouth area. This fecal matter can be carried on the hands, as well as on objects or surfaces. The virus can also be spread via the spray from a cough or sneeze of a person with herpangina. The same is true of hand, foot and mouth disease. Children may shed the virus in their feces for some weeks after the sores and lesions have healed, so family members and caregivers should take care that everyone maintains good personal and household hygiene. To avoid spreading the viruses responsible for herpangina and HFMD, people who are in contact with infected children or adults should: Take special care to maintain hand hygiene when handling used tissues or soiled diapers/nappies Soiled clothes, sheets and towels used or worn by affected people should be washed in hot water Take care to cover their nose and mouth while coughing or sneezing Take care not to share plates, cups or glasses, towels or bedding with someone who is or has recently been ill with HFMD or herpangina Avoid piercing the sores or lesions, especially if they are blistered, as the fluid in them contains the virus. If you are concerned that you or a loved one might have herpangina or hand, foot and mouth disease, you can check the Ada app for a free symptom assessment.\*\* Diagnosing herpangina Diagnostic tests are not typically necessary to identify herpangina. Although many of the symptoms of the virus are common to other conditions, the ulcers are unique, meaning a doctor will be able to diagnose the virus with a simple examination and questions about the individual's other symptoms and medical history. The process for diagnosing hand, foot and mouth disease is similar. Herpangina treatment The infection causing herpangina will usually go away without any particular treatment. Antibiotics are not needed, because the condition is caused by a virus. However, there are treatments available to relieve the symptoms caused by the infection. The most common treatments for the symptoms of herpangina are: Ibuprofen: Used to ease pain and lessen fever. Acetaminophen/paracetamol: Used to ease pain and lessen fever. Anaesthetics: Numbing throat lozenges, mouthwashes, or teething gels may be helpful to reduce the pain caused by herpangina. Fluids: To avoid dehydration, it is important to take in plenty of fluids during infection and recovery. Water and cold milk are typically recommended as they are easy to swallow and can have a soothing effect. Citrus and hot drinks should be avoided because they can be painful to swallow. Aspirin should be avoided as a treatment method, particularly for children and teenagers, who should avoid aspirin completely unless asked to take it by a doctor. Herpangina FAQs Q: Can adults contract herpangina? A: Yes, herpangina can occur in people of any age, though the virus is most common in children younger than 7 years of age. Q: Are there any home remedies for herpangina? A: There are some home remedies to treat herpangina, mostly aimed at alleviating the pain from mouth ulcers or a sore throat. One of the most common is the use of ice. Apply chunks of ice directly to the ulcer for at least 10 minutes twice per day. This should help ease the swelling and lessen the pain. When recovering from herpangina, gargling with salt water can help the mouth ulcers to heal. Q: How can I avoid spreading herpangina? A: To avoid spreading herpangina, those experiencing the condition should avoid extended contact with others and stay home from work or school while feeling unwell. When coughing or sneezing, individuals should take care to cover their mouth and nose, and be sure to wash their hands thoroughly at regular intervals. Q: Does herpangina pose any risks during pregnancy? A: Herpangina does pose a risk of adverse effects during pregnancy. Women worried about herpangina during pregnancy should consult a doctor for advice and take preventative measures to avoid the virus in the first instance. If you are pregnant and concerned that you may have herpangina, check the Ada app for a free symptom assessment. Q: Can herpangina cause a skin rash? A: Some enteroviral infections can cause skin rashes, also known as exanthems. Although the coxsackievirus that causes herpangina can cause a rash, it is atypical and should be examined by a doctor. Q: Is herpangina related to herpes? A: Despite the similar sounding names, herpangina and herpes are not related. Both conditions cause ulcers, sores or lesions, but in different locations, moreover the two conditions are caused by separate viruses: herpangina by coxsackieviruses (coxsackie A and B), enterovirus 71 and echovirus, and herpes by herpes simplex 1 (HSV1) and 2 (HSV2). A: Do enteroviruses cause any other conditions? Q: Enteroviruses are a group of viruses that cause a range of viral illnesses. The two most common enteroviruses are coxsackieviruses and echovirus. Other from herpangina, enteroviruses can also cause hand, foot and mouth disease (HFMD; see above), epidemic pleurodynia, and poliomyelitis, among other infectious disorders. Other names for herpangina Enteroviral vesicular pharyngitis Author: Dr Delwyn Dyall-Smith FACD, Dermatologist, 2010. Herpangina is the name given to painful mouth and throat ulcers due to a self-limited viral infection and usually occurs in childhood. Herpangina is an enterovirus infection - these are viruses that infect the gastrointestinal tract. Herpangina is usually spread by the faecal-oral route and the virus may continue to be excreted in the faeces long after the illness has recovered. Spread may also occur via respiratory and oral-oral routes or possibly via contaminated fomites (things such as towels, cups etc.) and fresh water. The incubation period is approximately 4 days.It is usually caused by coxsackie A16 virus and is highly contagious. Other common coxsackie A viruses isolated from herpangina are A1-10, 12 and 22. Less common causes are coxsackie B1-5, echoviruses, enterovirus 71, herpes simplex virus, parechovirus 1 and adenoviruses. Approximately 50% of enterovirus infections do not result in a clinical illness and these people are another source of infection without realising it.Long lasting immunity develops to the specific virus after recovery. However it is possible to have a second attack of herpangina due to an unrelated virus. Who gets herpangina?Herpangina is seen mainly in children up to 10 years of age, but may affect all ages from infants through to young adults. It is particularly common in children attending childcare facilities. In some epidemics a slight male predominance has been reported. Infection rates peak in summer and early autumn in temperate climates, but occur year round in the tropics. Epidemics tend to occur every 2-3 years when a new group of nonimmune young children become susceptible.Clinical features of herpanginaFever (38.5-40C) is usually the first sign of infection with a general feeling of being unwell.Sore throat and pain on swallowing develop. Red spots appear within hours (up to one day later) in the mouth and throat. The red spots become raised into small blisters (vesicles) which form a tiny yellowish ulcer with a red rim. These are the lesions called 'herpangina'. The ulcers are generally 1-2mm (





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