

Epidemiology of Herpangina: A Viral Infection

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Received: 01-Apr-2022, Manuscript No. OHDM-22-16277; **Editor assigned:** 04-Apr-2022, Pre QC No. OHDM-22-16277 (PQ); **Reviewed:** 18-Apr-2022, QC No. OHDM-22-16277; **Revised:** 25-Apr-2022, Manuscript No. OHDM-22-16277 (R); **Published:** 02-May-2022, DOI: 10.35248/2247-2452.22.21.991.

Description

Herpangina is a viral infection that causes an acute febrile sickness in the posterior oropharynx with tiny ulcerative or vesicular lesions. Multiple cases have been observed in neonates, teenagers, and young adults, despite the fact that this is primarily a paediatric condition. The disease is very contagious, and the majority of cases occur during the summer. The disease is caused by 22 enterovirus serotypes, with the Coxsackie B virus serotype being the most frequent. It can be associated with an enteroviral, exanthem and a variety of neurological disorders, including aseptic meningitis, acute flaccid paralysis, and encephalitis, but not limited to only these. It primarily affects young children aged 3 to 10, but it can also affect teenagers and adults. The virus is most commonly transmitted to children at school or day care, and it is most prevalent in the summer and fall. Your children can have herpangina all year in tropical countries. Herpangina can affect new born babies, pregnant women, and those who are immune-compromised, putting them at risk of a deadly infection. Herpangina is a moderate and self-limiting condition for the majority of people. This indicates that it will eventually go away on its own.

Herpangina in Adults

Herpangina can affect adults. They are less likely to do so, though, because most people develop natural immunity to viruses during childhood. Adults are usually impacted because a kid or another member of their close family has become infected. Close quarters, such as those found in military barracks, can increase an adult's risk of acquiring herpangina. Infection and symptoms are likely to resolve on their own in 7 to 10 days, as in children. Complications are extremely rare. In adults, the most common consequence of the infection is dehydration. If a pregnant woman develops herpangina during her pregnancy, she might be at higher risk of problems. Women who have been exposed to the viruses are more likely to have low birth weights, premature deliveries, and other complications, or babies who are small for their gestational age.

Herpangina in Babies

Herpangina symptoms in infants can be difficult to detect. Some babies with the disease have no symptoms. Belly aches or nausea, ulcers in the mouth, tonsils, or soft palate, loss of appetite, increased fussiness, drowsiness, fever, and sore throat are all signs of herpangina in neonates. In new born, serious problems such as liver failure might ensue. A herpangina infection can put the infant at risk for other more serious problems like brain swelling and meningitis, which is an infection of the tissues that cover and protect the brain and spinal cord. Herpangina is rarely deadly, but when it does it mainly affects children under the age of one year.

Causes and Symptoms

Herpangina is the result of a virus. Coxsackie B, Coxsackie A16, Enterovirus 71, and Echovirus which are most prevalent viruses involved. Herpangina is transmitted through respiratory droplets, saliva, direct contact with fluid from a sore, and stool. You can get the virus if someone close to you is sick with herpangina and coughs, sneezes, yells, or sings. Herpangina symptoms differ depending on which virus is responsible for the sickness. Some children with herpangina show no signs or symptoms at all. Herpangina usually appears 2 to 5 days after the virus has been introduced. White blister-like lesions in the back of the throat or on the roof of the mouth, tonsils, uvula, or tongue, and a rapid fever are some of the symptoms. High fever, a scratchy throat, headache, neck pain, loss of appetite, drooling, fussiness, and dehydration are all symptoms of dehydration. Some children also experience symptoms such as vomiting, muscle weakness, and difficulty breathing, depending on the infection. Back pain in older children is also a possibility. Fevers usually persist for 3 to 6 days and can be quite severe. This can occasionally result in a seizure known as a febrile seizure.

Diagnosis and Treatment

A medical history and a physical examination are frequently used to diagnose herpangina. Fever, headache, and pain in the mouth and throat may be relieved by pain relievers such as ibuprofen or acetaminophen in those with herpangina. It's critical to only use medications that are appropriate for young people, as some aren't. Aspirin, for example, should never be given to children since it has been associated with Reye's syndrome, a rare but life-threatening illness characterised by brain swelling and liver damage. There are many other therapeutic alternatives accessible. Lidocaine and other topically applied lotions and gels may provide relief from pain in the mouth and throat. People should always use a product that is appropriate for their age. Using a warm water and salt solution to rinse the mouth can help ease mouth and throat pain. This can be done as many times as necessary. Dehydration is a potential complication of herpangina, so it's crucial to drink plenty of water. Hot drinks and fruit juices should be avoided because they aggravate mouth and throat pain. Non-citrus frozen popsicles, on the other hand, may provide pain relief and hydration. Certain foods, such as hot, fried, spicy, salty, or citrus foods, might aggravate mouth and throat ulcers. During a herpes infection, non-citrus fruits (such as bananas), vegetables, dairy, and other soothing foods are better options. It is critical to seek immediate medical advice if symptoms do not improve within one week, if they worsen, or if new symptoms emerge. The most important thing you can do to avoid herpangina is to wash your hands properly.