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Clinical image

Hand, foot, and mouth disease in an adult

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A 43-year-old male patient was admitted to our clinic with fever and rash lasting for five days. His initial symptoms were sore throat, fever and rash on both hands and feet. He had been given ceftriaxone 2 g/day. Three days later no clinical improvement was observed and clindamycin 1200 mg/day was added to therapy. On admission, the patient had a body temperature of 37°C, pulse 92 beats per minute, and blood pressure of 116/78 mmHg. On physical examination bilateral cryptic tonsillitis, rusty tongue and macular rashes on hands and feet were observed (Figs. 1–3). C reactive protein was 11.9 mg/dL, and erythrocyte sedimentation rate was 60 mm/h. The patient was on colchicine due to Behcet's disease for 12 years. He had no fever on follow-up. Crypts on tonsils disappeared on the second day and vesicular rashes ensued on both tongue and labial mucosa. The patients' IgM and IgG turned out positive for Coxsackie B virus by ELISA. Hand, foot, and mouth disease is known to be a childhood illness with fever and viral exanthema caused by species-A human enteroviruses (HEVA), genus Enterovirus, family Picornaviridae. Although it is rarely seen in adults, it must be considered in patients with fever of unknown origin.

Conflicts of interest

The authors declare no conflicts of interest.



Fig. 1 – Macular rashes on hands.

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Fig. 2 – Macular rashes on feet.

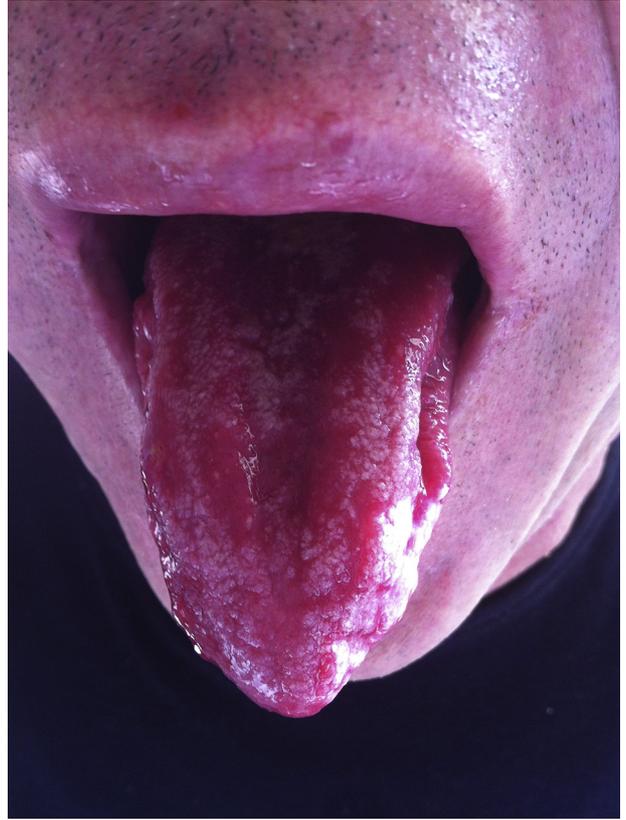


Fig. 3 – Rusty tongue.