

COXSACKIE

This common virus is most often seen in children between the ages of 1-4 during the summer and fall. Your child may have a high fever, difficult swallowing, and just plain feeling sick. You may see little whitish blisters inside your child's cheek or on the tongue or tonsils (called herpangina). If your child is older, they may have a backache and a headache. Even if your child recuperates quickly, the virus can be present for up to 2 weeks afterward (nasal secretions, saliva, skin lesion fluid and in the stool).

The disease is also called hand-foot-mouth disease and is not the equine hoof and mouth disease. Coxsackie cannot be passed between humans and animals. The mouth lesions can also occur with little pimple-like lesions on the palms and soles. It is not necessary to see these lesions, however, to make the diagnosis of Coxsackie. The most bothersome symptom is usually difficulty swallowing and this will last roughly five days.



There are 24 types of coxsackie viruses. Coxsackie virus is a member of the Picornaviridae family of Enteroviruses that have a single strand of ribonucleic acid (RNA) for its genetic material. Coxsackie virus was first isolated from human feces in 1948 in the town of Coxsackie, New York, hence the name. The virus actually kills cells (through lysis) and other types can cause irritation of the heart, lungs and brain. You do develop immunity to coxsackie after the infection, but only to the one type that you got (there are 23 more to get!!).

Unfortunately, there is no medication to cure this disease because it is a virus. If the lesions are particularly painful and this makes eating difficult, sometimes we give medicine that numbs the mouth, as viscous lidocaine or a baby teething gel. Make sure you don't give so much that your child chokes on what he eats or drinks.

As with any other virus, making sure your child gets adequate rest and fluids is very important. The fever may be treated with acetaminophen (Tylenol or Panadol or other), or ibuprofen and of course, don't forget the extra TLC!

After exposure to someone with this disease, it may take 2-7 days for your child to get the illness. It is quite contagious, but everyone responds a little bit differently to the virus. Some get quite sick with a lot of lesions over the mouth, hands and feet. Others get a fever for 5 days or no symptoms at all. The virus is present in saliva and in the stool. Good hand washing and good personal hygiene can limit the spread of this virus.



For those over 12 years of age, a very unpleasant gargle may hasten the resolution of the mouth lesions. A tetracycline capsule is opened into a little bit of warm water (about 1 ounce). This can either be used as a gargle or you can take a Q-tip and apply it directly onto one of the lesions for a about 30 seconds. To leave it on too long, however, can cause a burn. It actually works by irritating the lesion and causing the body to get rid of it a little sooner than it would have otherwise. The reason we don't use this for younger children, is that Tetracycline can stain young teeth. This can also work for plain old canker sores.

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