

AWARENESS OF HAND, FOOT AND MOUTH DISEASE AMONG DENTAL STUDENTS

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Abstract

Hand, Foot and Mouth Disease (HFMD) is often a potentially infectious condition primarily caused through enteroviruses. Clinical manifestations involves erythematous papules mostly on arms , legs, and even in the oral cavity, followed by prodromal effects such as myalgia, moderate fever , and abdominal distress. This survey was conducted to assess hand, foot, and mouth disease awareness among dental students. This was a questionnaire based cross sectional type of survey comprising 100 dental college students in Chennai. A self designed questionnaire containing 10 queries based on the knowledge and awareness about Hand, foot and mouth disease (HFMD) among dental college students. Questionnaires were distributed through an online website survey planet. After the responses were received from 100 participants, data was collected and analysed. 47% are aware about HFMD . 34% are aware of the clinical manifestation of HFMD . 31% are aware of the mode of transmission of HFMD . 26% are aware of the preventive measures against HFMD. 18% are aware of incubation period of HFMD. 24% are aware of treatment measures for HFMD . This study found the dental students displayed less knowledge and understanding of HFMD. Even, there are few differences in knowledge and behaviors that require enhancement. Large-scale health awareness initiatives of HFMD should be implemented by professional associations in order to fill these gaps and improve awareness in order to positively impact their attitudes.

Keywords: Awareness, Hand Foot Mouth disease, dental students

Introduction

Hand, Foot and Mouth Disease (HFMD) is often a potentially infectious condition primarily caused through enteroviruses. Clinical manifestations involves erythematous papules mostly on arms , legs, and even in the oral cavity, followed by prodromal effects such as myalgia, moderate fever , and abdominal distress. Lesions typically form onto vesicles and instead suddenly dissolve within 1 or 2 weeks (Kushner & Caldwell, 1996;

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Melnick et al., 1953). Lesions become typically asymptomatic, although in some situations pressure and contact may cause pain. Children are most vulnerable, but immunodeficient adults may also be impacted. Nevertheless, HFM infection is particularly rare in immunocompetent individuals.

Oral lesions usually show up all the time with or before cutaneous lesions, but the simultaneous occurrence of lesions on the hands, legs, and in the oral cavity in adults is quite rare. (Johnston & Burke, 1986). Furthermore, oral lesions can occur without skin lesions, and HFM lacking oral mucosal lesions has also been documented in such an immunocompromised person. (Evans, 2012; Hayden et al., 2016)

While viral culture is known to be the ultimate approach for accurate research, findings are typically made on the basis of clinical symptoms (Tsao et al., 2002). Signature histological findings of skin lesions include reticular and growing epidermis degeneration without inclusion bodies or multinucleated giant cells (McKinney, 1975; Williams, 2000). Since oral presentations occur, dental students need to be aware of this condition. This survey was conducted to assess hand, foot, and mouth disease awareness among dental students.

Materials And Method:

This was a questionnaire based cross sectional type of survey comprising 100 dental college students in Chennai. A self designed questionnaire containing 10 queries based on the knowledge and awareness about Hand, foot and mouth disease (HFMD) among dental college students. Questionnaires were distributed through an online website survey planet. After the responses were received from 100 participants, data was collected and analysed.

Results

47% are aware about HFMD (Fig.1). 34% are aware of the clinical manifestation of HFMD (Fig.1). 31% are aware of the mode of transmission of HFMD (Fig.2). 26% are aware of the preventive measures against HFMD (Fig.3). 18% are aware of incubation period of HFMD (Fig.4). 24% aware of treatment measures for HFMD (Fig.5).

Fig.1: Awareness of HFMD

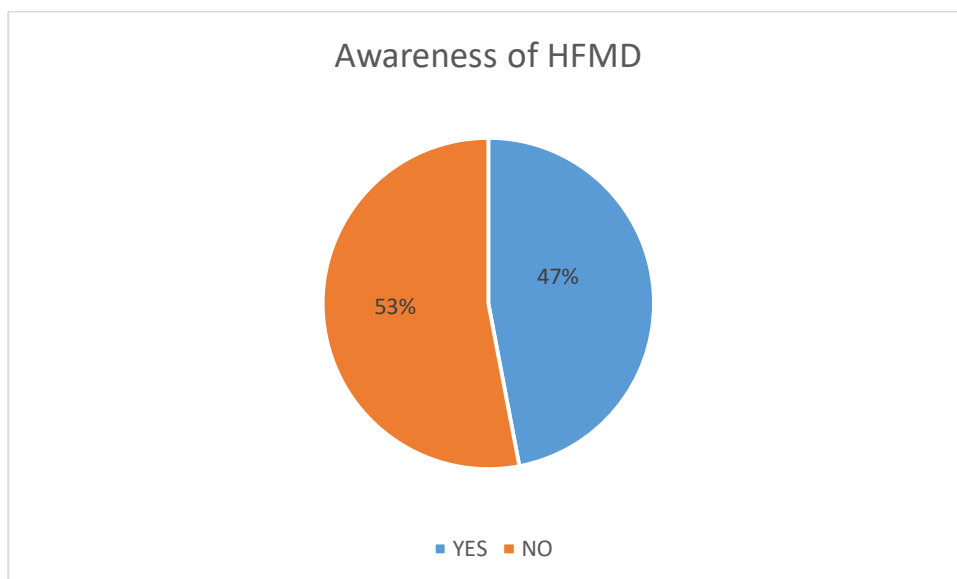


Fig.2: Awareness of clinical manifestation of HFMD

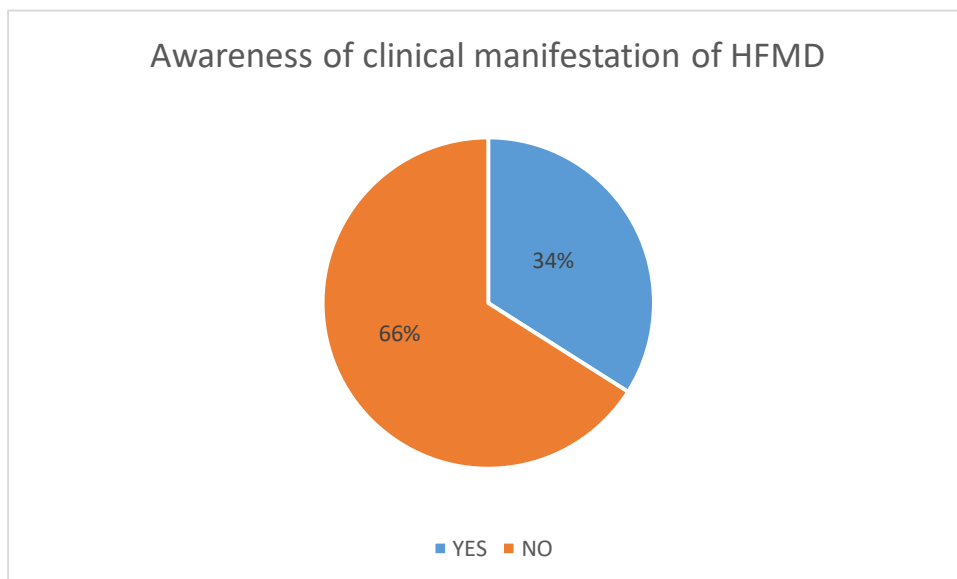


Fig.3: Awareness of preventive measures of HFMD

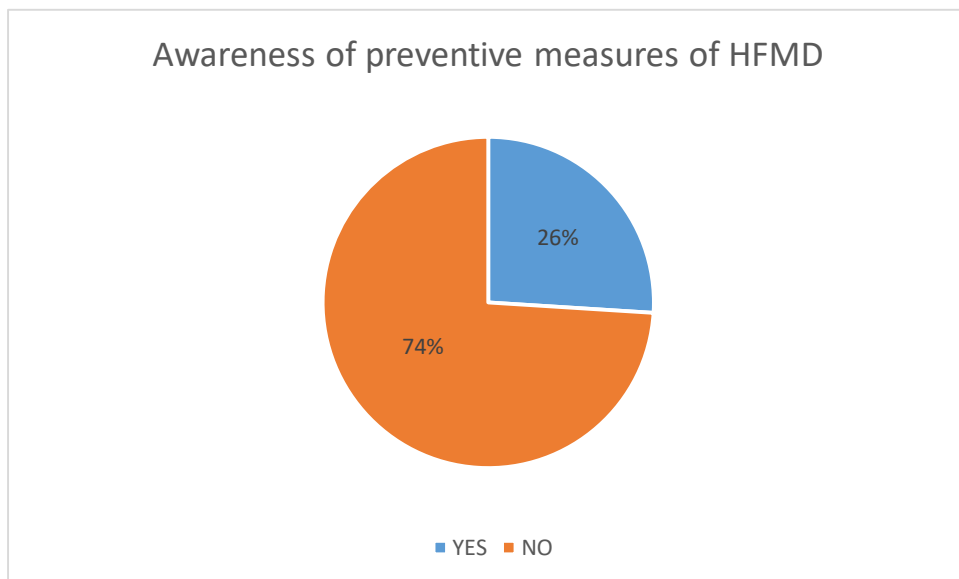


Fig.4: Awareness of incubation period of HFMD

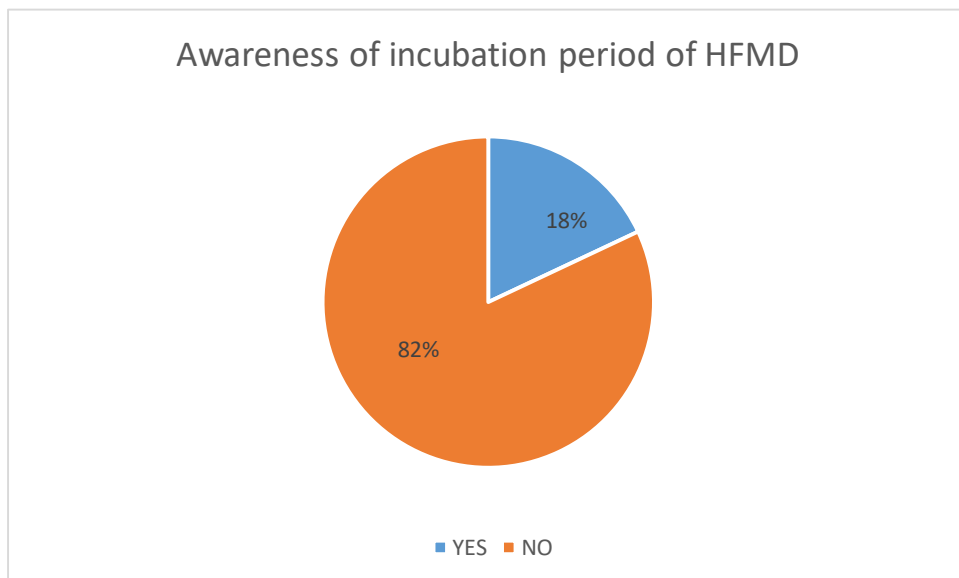
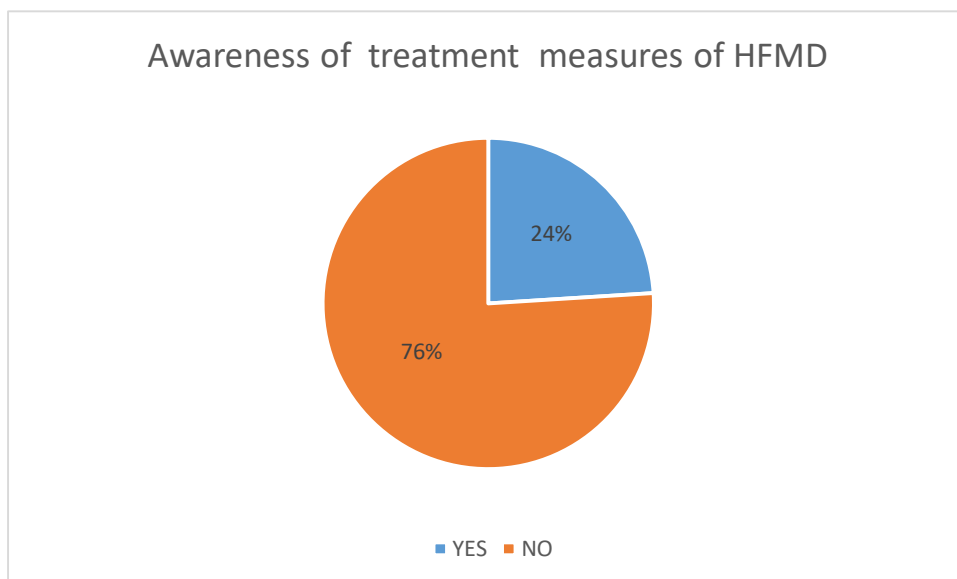


Fig.5: Awareness of treatment measures of HFMD



Discussion

Hand-foot-mouth disease (HFMD) is an extremely contagious disease distinguished by numerous vesicles mostly on hands and feet as well as in the oral cavity. It typically occurs in childhood in the summer season. Coxsackievirus A16 is by far the most prevalent virus that causes HFMD disease; other direct causal viruses involve coxsackieviruses A5, A7, A9, A10, B2, B5, and sometimes enterovirus 71. Clinically, the initiation is marked by fever and the development of papules on the hands, legs, and in the oral cavity that advance to the bladder. Symptoms typically go down around 7 to 10 days..(Kochańska, N.D.; McKinney, 1975)

The interpretation of HFMD disease was focused on average skin outlines, simple oral lesions histopathology, serology, and polymerase chain response. Characteristic histopathologic findings of skin lesions include reticular and swelling, epidermal degeneration without inclusion bodies nor multinucleated giant cells (Higgins & Warin, 1967). Treatment is predictive and the disease is cured without difficulty within 7 to 10 days. In either case, there have also been occasional cases of severe discomforts, such as pneumonia, cardiomyositis but also aseptic meningitis.

Since HFMD sickness is profoundly infectious, old people, expectant mothers and immunosuppressed adults can have severe difficulties, early diagnosis and separation are crucial. Since HFMD infection is especially unusual in immunocompetent adults, early location and accurate diagnosis are very difficult (Baker, 1979; Wright et al., 1963). Finally, in order to avoid transmission of pathogens to children or vulnerable adults, dental students should be made aware that HFMD disease may develop in an immunodeficient human.

Conclusion

This study found the dental students displayed less knowledge and understanding of HFMD. Even, there are few differences in knowledge and behaviors that require enhancement. Large-scale health awareness initiatives of HFMD should be implemented by professional associations in order to fill these gaps and improve awareness in order to positively impact their attitudes.

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Conflict of Interest:

The authors declare that they have no conflict of interest

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