for want of facilities. All these 5 children were symptomatically treated and were not hospitalised. No systemic complications were observed.

DISCUSSION

All these reported five children had unique features. Case 1 child was 4 months old. The age is less common in this region though Kar et al. [5], from Odisha reported HFMD in a 4 months old infant. This child was exclusively breastfed and well nourished. Probably breast milk could not offer immunity against the HFMD organisms, as is the case with Polio and Rota Virus.

The preceding diarrhea could be attributed to the enteral infection. It can be hypothesized that excess cry can be because of tenderness even before the onset of exanthem which was the presenting symptom in case 5. Total healing was prolonged in cases 1, 4 and 5.

All the reported 5 cases for more of skin lesions over soles than in hands. Usually hand lesions will be predominant [1]. Case 5 had dense lesions over the sole.

Except in case 1, all the other 4 children were undernourished, which is probably a risk factor for any infection owing to the compromised immunity.

In case 3, excess itching was noticed for the first 10 days, i.e. during 7 days of exanthem and for 3 days after healing started. Itching was present but less till complete desquamation which took another one week. Earlier reports have observed itching in 19.2 % [3], 30.7 % [5] and 44.7% [6] of the cases.

Though the standard description of HFMD [1] quotes that the disease can be with or without mild fever, all the reported cases had moderate fever ranging from 100 to 102.5°F (37.7-39.2°C). Case 3 had intermittent fever for 1 week, prior to skin lesions; case 5 had mild fever after exanthem. Prolonged healing time was noticed in case 1 and case 5.

CONCLUSION

The variable clinical profile may be due to:
1. Different strains of different viruses
2. Viral load
3. Modified immune response in undernourished hosts
4. Innate poor immune response in young infants (Case 1)
5. Sporadic nature of these cases
6. Tropical climate of this study area might have influenced the virulence and/or response of the host.

These findings may be the tip of the iceberg. Wider and deeper analysis with more study population in epidemiological backdrop is mandatory. High index of suspicion is essential for early clinical diagnosis of this entity since few may go in for systemic complications.

REFERENCES