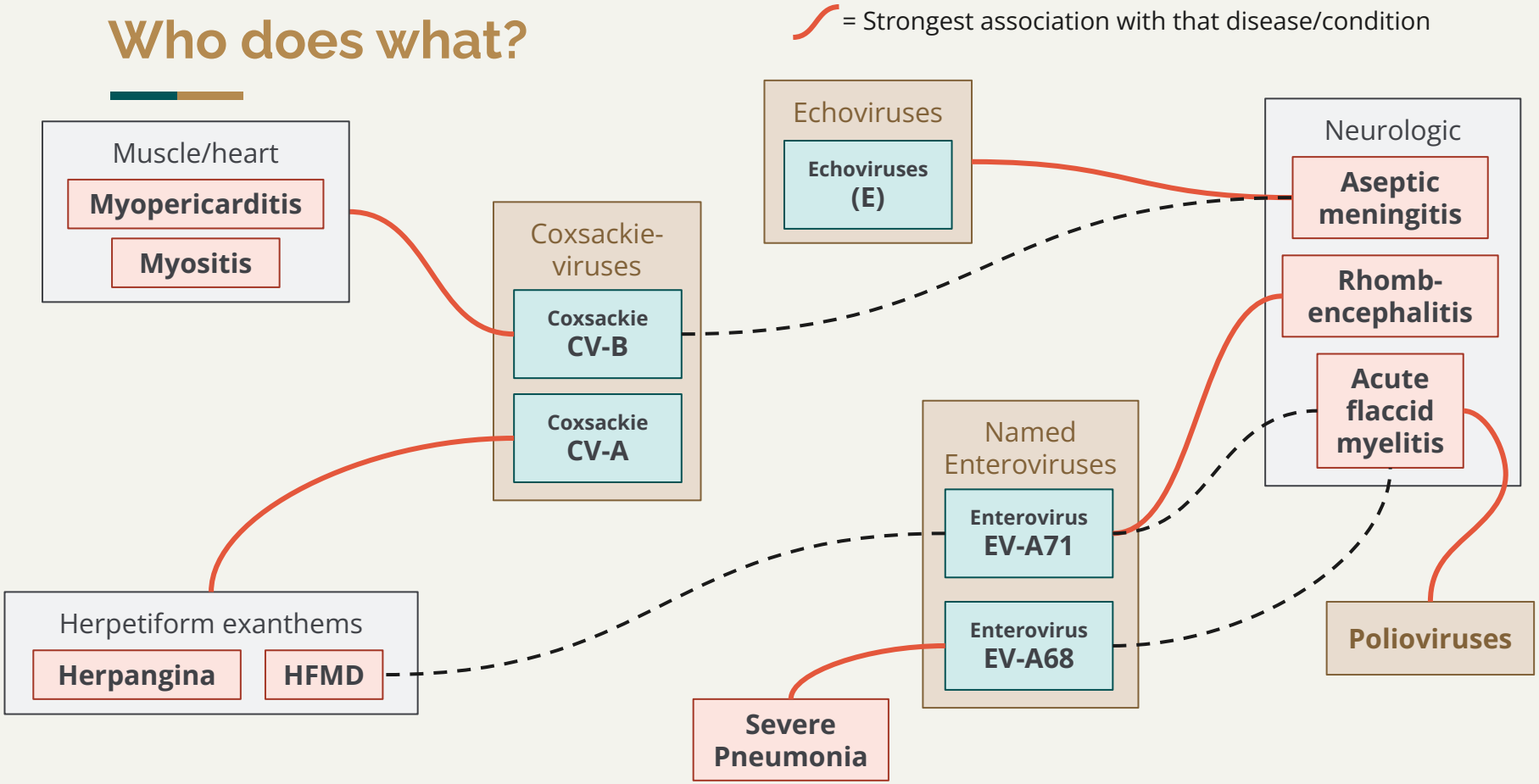
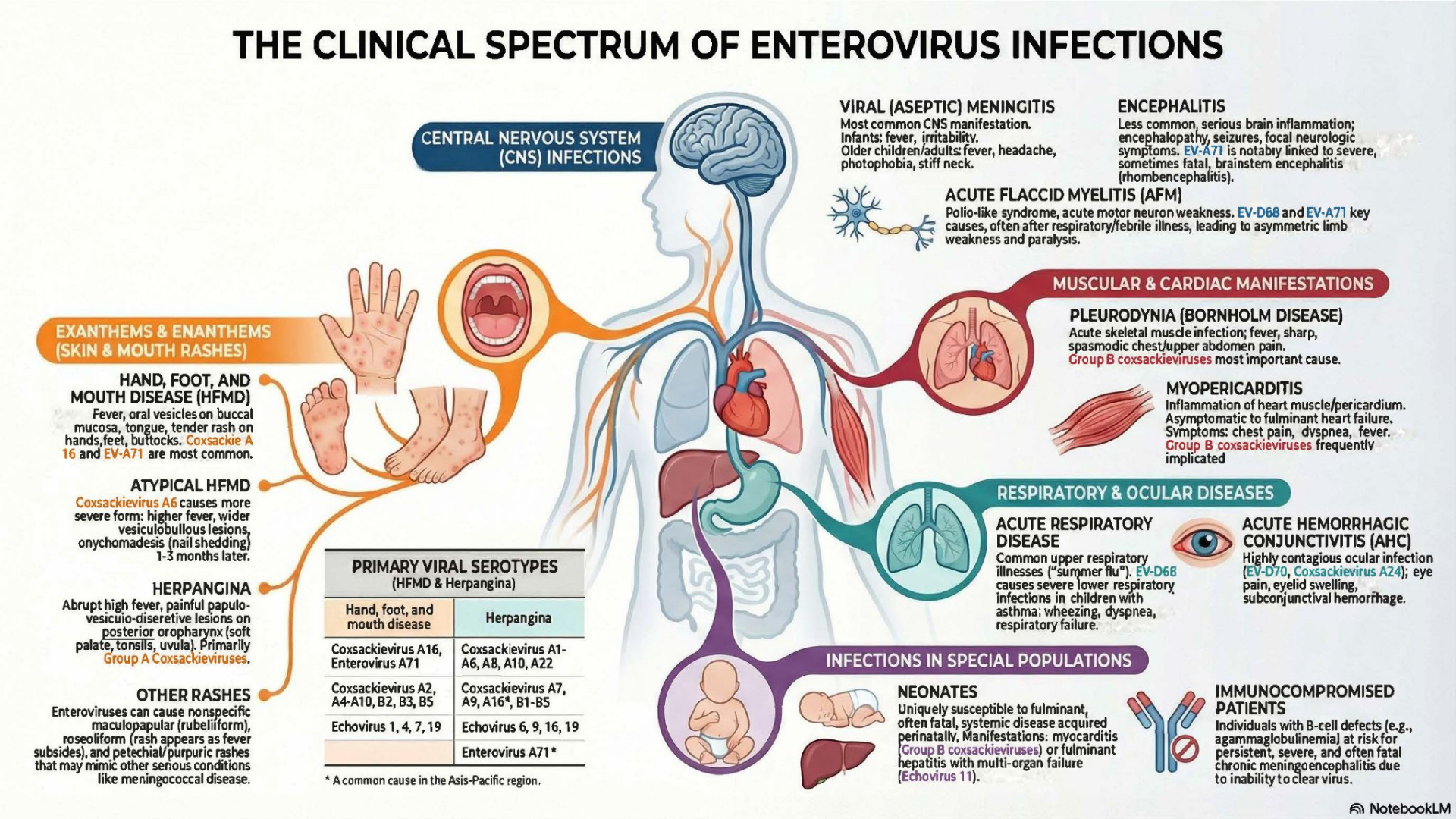
Who does what?



THE CLINICAL SPECTRUM OF ENTEROVIRUS INFECTIONS



CENTRAL NERVOUS SYSTEM (CNS) INFECTIONS

VIRAL (ASEPTIC) MENINGITIS
Most common CNS manifestation.
Infants: fever, irritability.
Older children/adults: fever, headache, photophobia, stiff neck.

ENCEPHALITIS
Less common, serious brain inflammation; encephalopathy, seizures, focal neurologic symptoms. EV-A71 is notably linked to severe, sometimes fatal, brainstem encephalitis (rhombencephalitis).

ACUTE FLACCID MYELITIS (AFM)
Polio-like syndrome, acute motor neuron weakness. EV-D68 and EV-A71 key causes, often after respiratory/febrile illness, leading to asymmetric limb weakness and paralysis.

EXANTHEMS & ENANTHEMS (SKIN & MOUTH RASHES)

HAND, FOOT, AND MOUTH DISEASE (HFMD)
Fever, oral vesicles on buccal mucosa, tongue, tender rash on hands, feet, buttocks. Coxsackie A 16 and EV-A71 are most common.

ATYPICAL HFMD
Coxsackievirus A6 causes more severe form: higher fever, wider vesiculobullous lesions, onychomadesis (nail shedding) 1-3 months later.

HERPANGINA
Abrupt high fever, painful papulo-vesiculo-diseretive lesions on posterior oropharynx (soft palate, tonsils, uvula). Primarily Group A Coxsackieviruses.

OTHER RASHES
Enteroviruses can cause nonspecific maculopapular (rubeliform), roseoliform (rash appears as fever subsides), and petechial/purpuric rashes that may mimic other serious conditions like meningococcal disease.

PRIMARY VIRAL SEROTYPES (HFMD & Herpangina)

Hand, foot, and mouth disease	Herpangina
Coxsackievirus A16, Enterovirus A71	Coxsackievirus A1-A6, A8, A10, A22
Coxsackievirus A2, A4-A10, B2, B3, B5	Coxsackievirus A7, A9, A16*, B1-B5
Echovirus 1, 4, 7, 19	Echovirus 6, 9, 16, 19
	Enterovirus A71*

* A common cause in the Asis-Pacific region.

MUSCULAR & CARDIAC MANIFESTATIONS

PLEURODYNIA (BORNHOLM DISEASE)
Acute skeletal muscle infection; fever, sharp, spasmodic chest/upper abdomen pain. Group B coxsackieviruses most important cause.

MYOPERICARDITIS
Inflammation of heart muscle/pericardium. Asymptomatic to fulminant heart failure. Symptoms: chest pain, dyspnea, fever. Group B coxsackieviruses frequently implicated

RESPIRATORY & OCULAR DISEASES

ACUTE RESPIRATORY DISEASE
Common upper respiratory illnesses ("summer flu"). EV-D68 causes severe lower respiratory infections in children with asthma: wheezing, dyspnea, respiratory failure.

ACUTE HEMORRHAGIC CONJUNCTIVITIS (AHC)
Highly contagious ocular infection (EV-D70, Coxsackievirus A24); eye pain, eyelid swelling, subconjunctival hemorrhage.

INFECTIONS IN SPECIAL POPULATIONS

NEONATES
Uniquely susceptible to fulminant, often fatal, systemic disease acquired perinatally. Manifestations: myocarditis (Group B coxsackieviruses) or fulminant hepatitis with multi-organ failure (Echovirus 11).

IMMUNOCOMPROMISED PATIENTS
Individuals with B-cell defects (e.g., agammaglobulinemia) at risk for persistent, severe, and often fatal chronic meningoencephalitis due to inability to clear virus.