KNOWLEDGE AND AWARENESS OF HERPANGINA AMONG THE DENTAL STUDENTS

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ABSTRACT

Background: Herpangina is a common childhood illness caused by a virus. It is characterized by small, blister-like ulcers on the roof of the mouth and in the back of the throat. The infection may also cause a sudden fever, sore throat, headache, and neck pain. Typically spreads via the fecal-oral route or via the respiratory droplets.

Aim: To observe and analyse knowledge of Herpangina among the students in dentistry.

Objective: To identify the awareness of Herpangina in the dental students.

Methodology: The survey was conducted by an online survey platform -survey planet. A questionnaire containing details of the disease was circulated among the students using an online link. The link was sent to 120 dental graduates randomly and 95 students had responded. The surveyed data obtained, was clustered to gain an insight into the student’s understanding about the disease

Result: According to the research it is clear that most of the students are not clear about disease herpangina so we need to conduct dental camp to make them clear about the disease.

Conclusion: From this survey it can be concluded that only 33.3% of the dental students are aware of the disease Herpangina. But most of them have said that the disease may spread and they are also unclear about in which particular season does the disease spread. So we need to arrange some dental camps for the students to make them aware about the disease

INTRODUCTION

Herpangina, also called mouth blisters, is a painful mouth infection caused by coxsackieviruses. Usually, herpangina is produced by one particular strain of coxsackie virus A (and the term "herpangina virus" refers to coxsackievirus) [1] but it is also caused by coxsackievirus B.[2] Most of the case herpangina occur in the summer, [3] affecting the children at most. However, it occurs occasionally in adolescents and adults. It was characterized for the first time in 1920.[4] Symptoms of Herpangina sudden fever with sore throat, headache, loss of appetite, often neck pain. It mostly occurs on tonsillar pillars ALSO on soft palate, tonsils, uvula or tongue.

A few count of lesions (usually 2 - 6) form in the back area of the mouth, particularly in the soft palate or tonsillar pillars. The lesions progress initially from red macules to vesicles and lastly to ulcercations which can be 2 - 4 mm in size. Typically spreads through the fecal-oral route or via the respiratory droplets.[3]

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Diagnosis

Clinical evaluation

Diagnosis of herpangina is based on symptoms and characteristic oralllesions. Confirmatory testing is not usually required but can be done by Isolating the virus from the lesions. Detecting of the virus is done by reverse transcriptase-PCR. Demonstrating a rise in specific antibody titer value.

Recurrent aphthous ulcers may appear as same of this. Rarely, Bednar aphthous ulcers, kind of ulcer occur in the pharynx but usually without systemic symptoms. Herpetic stomatitis which is another disease occurs sporadically and causes larger, more persistent, and more numerous ulcers throughout the oropharynx than herpangina. [4] Coxsackievirus A10 causes lymphonodular pharyngitis, which is similar except that the ulcer become 2- to 3-mm whitish to yellowish nodules instead of vesicles and ulcers.[2]

Herpangina are seen mainly in children up to age of 10 years, but may affect all ages from infants to young adults. It is particularly common in children attending childcare care. In some cases a slight male predominance has been reported. Infection rates are high in summer and early autumn in
Knowledge And Awareness Of Herpangina Among The Dental Students

MATERIALS AND METHOD

The survey was conducted by an online survey platform - survey planet. A questionnaire containing details of the disease was circulated among the students using an online link. The link was sent to 120 dental graduates randomly and 95 students had responded. The surveyed data obtained, was clustered to gain an insight into the student’s understanding about the disease.

RESULTS

According to this research most of the students are not clear about disease herpangina so we need to conduct dental camp to make them clear about the disease.

CONCLUSION

From this survey it can be concluded that only 33.3% of the dental students are aware of the disease Herpangina. But most of them have said that the disease may spread and they are also unclear about which particular season does the disease spread. So we need to arrange some dental camps for the students to make them aware about the disease.

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