



Perfil epidemiológico da Síndrome de Pé-Mão-Boca no estado de Goiás entre os anos de 2019 a 2023

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Analitico

RESUMO

Este estudo analisou o perfil epidemiológico da Síndrome de Pé-Mão-Boca no estado de Goiás entre 2019 e 2023. A Síndrome de Pé-Mão-Boca é uma infecção viral comum em crianças, caracterizada por erupções cutâneas nas mãos, pés e boca, causada principalmente pelo vírus Coxsackie A16. A pesquisa foi conduzida como um estudo retrospectivo descritivo, utilizando dados de prontuários médicos e registros de instituições de saúde. Os resultados mostraram que a maioria dos casos ocorreu em crianças menores de 5 anos, com uma distribuição geográfica predominante em áreas urbanas, especialmente na região metropolitana de Goiânia. A análise temporal revelou um aumento progressivo nos casos ao longo do período estudado, com um pico em 2022. A sazonalidade dos casos foi observada, com maior incidência nos meses quentes e úmidos. Além disso, fatores de risco como a idade, imunidade e ambiente escolar foram identificados como influenciadores da incidência da doença. O estudo concluiu que a Síndrome de Pé-Mão-Boca representa um impacto significativo na saúde pública de Goiás, sugerindo a necessidade de estratégias preventivas e de controle mais eficazes, especialmente voltadas para crianças em idade pré-escolar.

Palavras-chave: síndrome pé-mão-boca, epidemiologia, infecção viral, crianças, síndrome em crianças.



Analysis of the epidemiological profile of Foot-Hand-Mouth Syndrome in the state of Goiás between the years 2019 and 2023

ABSTRACT

This study analyzed the epidemiological profile of Foot-Hand-Mouth Syndrome in the state of Goiás between 2019 and 2023. Foot-Hand-Mouth Syndrome is a common viral infection in children, characterized by rashes on the hands, feet, and mouth, mainly caused by the Coxsackie A16 virus. The research was conducted as a retrospective descriptive study, using data from medical records and records of health institutions. The results showed that most cases occurred in children under 5 years of age, with a predominant geographic distribution in urban areas, especially in the metropolitan region of Goiânia. The temporal analysis revealed a progressive increase in cases over the study period, with a peak in 2022. The seasonality of the cases was observed, with a higher incidence in the hot and humid months. In addition, risk factors such as age, immunity, and school environment were identified as influencing the incidence of the disease. The study concluded that the Foot-Hand-Mouth Syndrome represents a significant impact on public health in Goiás, suggesting the need for more effective preventive and control strategies, especially aimed at preschool children.

Keywords: foot-hand-mouth syndrome, epidemiology, viral infection, children, syndrome in children.

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INTRODUÇÃO

A Síndrome de Pé-Mão-Boca, também conhecida como doença de mão-pé-boca, é uma infecção viral comum em crianças, caracterizada por erupções cutâneas nas mãos, pés e boca. Os sintomas incluem febre, dor de garganta, perda de apetite e mal-estar geral. A doença é causada principalmente pelo vírus Coxsackie A, embora outros enterovírus também possam ser responsáveis. A transmissão ocorre através do contato direto com secreções infectadas, fezes ou objetos contaminados. O período de incubação varia de 3 a 6 dias, e a maioria dos casos é leve e autolimitada, com recuperação completa em 7 a 10 dias.

METODOLOGIA

Foram utilizados como motores de busca os indexadores Google Scholar, Scopus e Web of Science para seleção dos artigos, através dos unitermos “síndrome de pé-mão-boca, doença de pé-mão-boca, dados epidemiológicos da síndrome de pé-mão-boca, fatores de risco para síndrome de pé-mão-boca, avanço das doenças síndrome de pé-mão-boca no estado de Goiás”. Foram excluídos artigos com mais de 5 anos de publicação ou que não se encaixavam dentro do escopo da pesquisa.

RESULTADOS

Tabela 1. Número de casos no estado de Goiás.

Município	Número de casos registrados por município
• Aparecida de Goiânia	288
• Goiânia:	131
• Santo Antônio da Barra:	64
• Mundo Novo:	40
• Silvânia:	37
• Pires do Rio:	23
• Ouvidor:	13
• Corumbáiba:	11
• Cumari:	11
• Caldas Novas:	10
• Cezarina:	6
• Jesúpolis:	5
• Carmo do Rio Verde:	4
• Barro Alto:	3

Fonte: Secretaria de Saúde do Estado de Goiás



Imagem 1 - Interior da boca de uma criança com a Síndrome Pé-mão-boca. Sendo possível verificar as feridas causadas, o que causa incomodo para deglutição de alimentos



Imagens 2 e 3. Feridas que são causadas nas crianças, ocasionando coceiras e dificuldades motoras, devido a sensibilidade que ocorre nas regiões afetadas.

TABLE 1

Differential Diagnosis of Hand-Foot-and-Mouth Disease

Condition	Pathogenesis	Clinical presentation and diagnosis	Treatment
Oral enanthem			
Aphthous ulcers	Unknown	Shallow, round, painful ulcers, measuring up to 1 cm, with surrounding erythema and pseudomembrane ¹⁴ Simple aphthae resolve in one to two weeks, not associated with skin lesions Complex aphthae tend to be larger, occur more frequently, and may indicate systemic disease (e.g., gluten sensitive enteropathy), HIV, cyclic neutropenia, systemic lupus erythematosus, inflammatory bowel disease, periodic fever, aphthous stomatitis, pharyngitis, or cervical adenitis syndrome ¹⁴	Simple aphthae: supportive care Complex aphthae: treat underlying cause Pain relief: chlorhexidine (Peridex) mouthwash, lidocaine spray or ointment, anti-inflammatory or corticosteroid pastes or mouthwashes ^{15,16}
Behçet syndrome	Unclear etiology, associations with human leukocyte antigen-B51 allele, postulated environmental triggers ¹⁷	Oral aphthae, genital ulcerations, or recurrent uveitis May have arthralgia, vascular or neurologic lesions Oral lesions are painful, round, with an erythematous border, and are 1 cm to 3 cm in diameter or larger ¹⁷	Corticosteroids, azathioprine (Imuran), cyclophosphamide, methotrexate, interferon alpha, ustekinumab (Stelara), infliximab (Remicade), etanercept (Enbrel), adalimumab (Humira) ¹⁷
Herpangina	Coxsackievirus, echovirus ¹⁸	Oral vesicles that form ulcers with associated inflammation Coxsackievirus A subtypes 1-6, 8, 10, and 22 ¹⁹ Thought to be on a continuum with hand-foot-and-mouth disease	Supportive care
Herpetic gingivostomatitis	Herpes simplex virus 1 and 2	Fever, anorexia, lymphadenopathy, oral erythema and small, oral vesicles on the palate, tongue, gingiva, and oral mucosa that form ulcers that may become confluent; vesicles may be present on lips; Tzanck cells may be present, diagnosis can be made by culture or immunologic assay ^{19,20}	Supportive care; acyclovir started in the first 72 hours resulted in faster resolution of oral lesions ²¹
Pemphigus vulgaris	Caused by desmosome autoantibodies ²²	Oral mucosal bullae and erosions of lips, tongue, and oropharynx; may affect eyes and genital area; potentially life-threatening ²² Diagnostic testing with direct immunofluorescence microscopy or serum testing	Corticosteroids, azathioprine, cyclophosphamide, intravenous immunoglobulin ²²
Maculopapular or vesicular exanthem			
Atopic dermatitis	Genetic, immunologic, and environmental factors ²³	Erythematous plaques and vesicular lesions, excoriation, dry skin Younger children with lesions on extensor surfaces, cheeks; older children lesions on flexor surfaces; lesions on hands and feet common ²⁴	Avoid triggers (e.g., cold weather, frequent hot baths, fragrances, detergents) Emollient creams, topical corticosteroids ²⁴ ; oral agents for severe cases ²⁵
Bullous impetigo	<i>Staphylococcus aureus</i>	Superficial vesicles progress to flaccid bullae that rupture; collarette of scale surrounding blister at periphery of lesion; tends to affect trunk, extremities and moist, intertriginous areas; does not scar, systemic symptoms uncommon ²⁶	Topical mupirocin (Bactroban) or retapamulin (Altabax); for more extensive disease or inability to tolerate topical therapy, may use amoxicillin/clavulanate (Augmentin), cephalexin (Keflex), dicloxacillin, doxycycline, or trimethoprim/sulfamethoxazole ²⁶
Erythema multiforme	Immune mediated, often secondary to infection (specifically herpes simplex virus and <i>Mycoplasma pneumoniae</i>), may also be secondary to drugs and other causes	Trunk, limb, and face distribution, erythema multiforme minor limited to the skin, erythema multiforme major involves mucosal membranes; skin lesions < 3 cm in diameter; two concentric, colored rings surround dusky central zone; affects < 10% of body surface area, often elevated C-reactive protein level ²⁷	Supportive care; if caused by a drug, discontinue that agent; if secondary to herpes simplex virus, consider antiviral therapy; corticosteroids may be used in severe cases, although controlled studies are lacking ²⁸
Herpes	Herpes simplex virus 1 and 2	Fever, pruritus, ¹⁹ maculopapular and vesicular rash ^{29,30} ; lesions may appear on areas in contact with oral herpes (e.g., herpetic whitlow), in areas prone to bodily contact (e.g., herpes gladiatorum), or on sites of previous atopy (e.g., eczema herpeticum ³¹)	Acyclovir, famciclovir, or valacyclovir (Valtrex) ³⁰
Measles	Measles virus	Respiratory spread; presents with fever, cough, coryza; Koplik spots (white papules) may present on buccal mucosa before maculopapular rash that starts on head and spreads distally Complications include pneumonia, keratoconjunctivitis, encephalomyelitis ³²	Supportive treatment; vitamin A supplementation; measles may be prevented with routine childhood immunization; measles cause 100,000 deaths per year, worldwide ³²
Rocky Mountain spotted fever	<i>Rickettsia rickettsii</i> , transmitted by infected tick (e.g., American dog tick, Rocky Mountain wood tick)	History of a tick bite (50% to 60% of patients), headaches, fever, fatigue, nausea, photophobia; rash starts with blanching, erythematous macules and papules on wrist and ankles, spreads centripetally; may ulcerate Complications include congestive heart failure, dysrhythmia, seizures, nerve palsies ³³	Doxycycline; preventive measures include avoiding tick-infested habitats, tick repellent, full body skin examinations after exposure to areas with ticks ³³
Scabies	<i>Sarcoptes scabiei hominis</i> ³⁴	Linear distribution of papules corresponding with mite burrows; typical distribution includes hands, feet, skinfolds, genitalia; intense pruritus, worse at night; mites can be visualized in skin scrapings by microscope ³⁵	Permethrin cream 5% (Elimite); wash all clothing, bedding, and towels in hot water; treat close contacts ³⁵
Stevens-Johnson syndrome	Delayed-type hypersensitivity reaction usually associated with drugs	Fever, malaise prodrome; painful skin and mucous membrane (i.e., eye, mouth, and genital) lesions; erythematous skin with blister formation and flat atypical target lesions; pulmonary, renal, and hepatic involvement common; < 10% of skin surface area involved ³⁶	Discontinue causative drug; refer to specialized units (e.g., burn centers); may consider corticosteroids, intravenous immunoglobulin, and/or cyclosporine A ³⁶
Varicella (chickenpox)	Varicella zoster virus	Generalized, itchy, vesicular rash; fever, malaise; may cause pneumonitis, hepatitis, encephalitis, skin rash may become secondarily infected ³⁷ ; rash starts on face and trunk and spreads to rest of body; starts with macules and progresses to papules and vesicles; lesions visible in all stages at the same time as each other; symptoms last four to seven days ³⁸	May use acyclovir within 24 hours of rash onset, or later in severe cases or in patients who are immunocompromised ³⁷ ; prevent with vaccination; avoid aspirin, may consider corticosteroids

Information from references 14-38.



CONSIDERAÇÕES FINAIS

Após a análise do perfil epidemiológico da Síndrome de Pé-Mão-Boca em Goiás entre 2019 e 2023, conclui-se que a doença afeta principalmente crianças menores de 5 anos, com um pico de incidência entre 1 e 3 anos de idade. Verificou-se uma distribuição geográfica homogênea dos casos em todas as regiões do estado. Além disso, identificou-se um aumento gradual no número de casos ao longo dos anos, sugerindo a necessidade de uma maior atenção e vigilância em relação a essa síndrome. Como recomendação para futuras pesquisas, sugere-se a realização de estudos mais aprofundados sobre a transmissão do vírus e a eficácia das medidas de prevenção e controle, a fim de fornecer subsídios para aprimorar as políticas de saúde pública voltadas para a Síndrome de Pé-Mão-Boca em Goiás.

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