

Cervical lymphadenitis often occurs, and the breath has a distinctly foul odor. In the recurrent form, the vesicles appear on the lips, usually singly or in groups. The precipitating factors for the cold sores include emotional stress, trauma (often related to dental procedures), immunosuppression, or exposure to excessive sunlight. The disease can last 5 to 14 days, with varying degrees of severity.



FIG 6-8 Primary gingivostomatitis. (From Thompson JM, McFarland GM, Hirsch JE, et al: *Mosby's clinical nursing*, ed 5, St Louis, 2002, Mosby.)

Stomatitis may occur as a manifestation of hand-foot-and-mouth disease (HFMD) and herpangina; both manifest with scattered vesicles on the buccal mucosa and are commonly caused by the nonpolio enteroviruses (primarily coxsackieviruses). Children with either HFMD or herpangina often have poor intake as a result of the mouth sores; infants may refuse to nurse or take a bottle or may pull away and cry after a few seconds of nursing.

Therapeutic Management

Treatment for all types of stomatitis is aimed at relief of symptoms, primarily pain. Acetaminophen and ibuprofen are usually sufficient for mild cases, but with more severe HGS, stronger analgesics such as codeine may be needed. Topical anesthetics are helpful and include over-the-counter preparations, such as Orabase, Anbesol, and Kank-A. Lidocaine (Xylocaine Viscous) can be prescribed for the child who can keep 1 tsp of the solution in the mouth for 2 to 3 minutes and then expectorate the drug. A mixture of equal parts of diphenhydramine elixir and aluminum and magnesium hydroxide (Maalox) provides mild analgesia, antiinflammatory properties, and