

Infectious Mononucleosis or Glandular Fever Revisited!

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Infectious Mononucleosis is also known as kissing disease. Other synonyms are Pfeiffer's disease, ebstein-barr virus and Filatov's disease.

The disease is caused by the Ebstein-Barr virus, a type of Herpes virus. More than 90% of adults are exposed to this virus and symptoms can occur at a later period. The disease in children is characterized by a flu-like prodrome and is thought to be more prevalent in developing than developed countries. It is commonly seen in teenagers who present with a sore throat fever and fatigue.

Classic symptoms include petechiae, pharyngitis, splenomegaly and hepatitis. Thrombocytopaenia and even pancytopenia may be present. A cold agglutinin disease characterized by an autoimmune haemolytic anaemia may be present. Ampicillin or amoxicillin may exacerbate the characteristic rash. The Ebstein-Barr virus is spread via saliva; the incubation period is 4 to 7 weeks and symptoms last for 2 to 3 weeks. The virus replicates in the endothelial cells of the pharynx especially in the B cells (CD 21.) This results

in atypical lymphocytes or Downey cells. The diagnosis is made with atypical lymphocytes which resemble monocytes. The mononucleosis is characterized by a heterophile antibody which agglutinates with sheep, guinea pig and horse red cells. A more sensitive test is the detection of IgG and IgM antibodies. IgG reflects a past infection and IgM a recent or current infection. Elevated hepatic transaminase is found in 50% of patients. Differential diagnosis includes Toxoplasma Gondii, cytomegalovirus, tonsillitis leukaemia and influenza. Treatment is symptomatic and most cases resolve spontaneously but splenic rupture can occur, although this is

rare the mainstay of treatment is non-steroidal anti-inflammatory drugs, especially ibuprofen. Contact sport should be avoided because of the risk of splenic rupture. Antibiotics should not be used as the aetiological agent is a virus or unless there is a concomitant streptococcal sore throat. (in this case a penicillin derivative can be used.). In the event of there being an upper airways obstruction intravenous steroid may be used, but opioid analgesics are relatively contraindicated due to the risk of respiratory depression.

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