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Clinical Reference Systems: Pediatric Advisor 11.0

## Infectious Mononucleosis

### DESCRIPTION (Diagnosis must be confirmed by a physician.)

- severe sore throat
- large red tonsils covered with pus
- swollen lymph nodes in the back of the neck, armpits, and groin
- fever for 7 to 14 days
- enlarged spleen (in 50% of children)
- blood smear showing many atypical (unusual) lymphocytes
- positive blood test for mononucleosis.

### CAUSE

Mononucleosis (mono) is caused by the Epstein-Barr virus (EBV). This virus is transmitted in infected saliva through coughing, sneezing, and kissing. Although mononucleosis can occur at any age, it occurs more often in 15- to 25-year-olds, possibly because of more intimate contacts with others.

### EXPECTED COURSE

Most children have only mild symptoms for a week. Even those with severe symptoms usually feel completely well in 2 to 4 weeks.

Complications are rare and require hospitalization when they occur. The most common complication is dehydration from not drinking enough fluids. Breathing may be obstructed by enlarged tonsils, adenoids, and other lymph tissue in the back of the throat. On rare occasions, the enlarged spleen will rupture if the abdomen is hit or strained. Because over 90% of youngsters with mononucleosis will develop a rash if they take certain anti-bacterial drugs, patients should ask their physician before taking these kinds of medicine. However, these drugs have been used safely to HELP DIAGNOSE mono in difficult cases.

### CHRONIC FATIGUE SYNDROME

The symptoms of chronic fatigue syndrome are fatigue, tiredness, weakness, recurrent pains, and the need for more sleep. The symptoms are present for at least 6 months.

There is no good scientific evidence to support mononucleosis as the cause of chronic fatigue syndrome. In general mononucleosis neither lingers nor gets worse. Symptoms are typically gone within 4 weeks after they first appear. In fact, recent evidence points to a retrovirus as the cause of chronic fatigue syndrome.

Lab tests of the saliva of people who have chronic fatigue syndrome have found the Epstein-Barr virus in the saliva. Tests of their blood have detected antibodies to this virus. These lab results have caused some confusion about the cause of chronic fatigue syndrome. However, 10% to 20% of healthy adults who had mono in the past have the Epstein-Barr virus in their saliva because the virus periodically reappears without any symptoms. Also, the number of mononucleosis antibodies in the blood increases when a person gets new infections by other viruses. Neither the presence of EBV in saliva nor mononucleosis antibodies in the blood means that a person has mononucleosis again.

## HOME TREATMENT FOR MONONUCLEOSIS

### Fever and pain medicines

No specific medicine will cure mononucleosis. However, symptoms can usually be helped with medicines. The pain of swollen lymph nodes and fever over 102 degrees F (39 degrees C) can usually be relieved by appropriate doses of pain reliever medicines.

### Sore throat treatment

Children over age 1 can sip on warm chicken broth. Children over age 4 can suck on hard candy (butterscotch seems to be a soothing flavor). Because swollen tonsils can make some foods hard to swallow, provide a soft diet as long as necessary. To prevent dehydration, be sure that your youngster drinks enough fluids. Milk shakes and cold drinks are especially good. Avoid citrus fruits. Give a daily multiple vitamin pill until the appetite returns to normal.

### Activity

Your child does not need to stay in bed. Bed rest will not shorten the course of the illness or reduce symptoms. Your child can select how much rest he or she needs. Usually children voluntarily slow down until they no longer have a fever. Children can return to school when the fever is gone and they can swallow normally. Most children will want to be back to full activity in 2 to 4 weeks.

### Precautions for an enlarged spleen

Your child's spleen may be enlarged while he or she has mononucleosis. A blow to the abdomen could rupture the enlarged spleen and cause bleeding. This is a surgical emergency. Therefore, all children with mononucleosis should avoid contact sports for at least 4 weeks. Athletes especially must restrict their activity until the spleen returns to normal size (as determined by a physical exam).

Constipation and heavy lifting should also be avoided because of the sudden pressures they can put on the spleen.

Your physician will check your child weekly until the spleen size returns to normal.

### Contagiousness

Infectious mononucleosis is most contagious while your child has a fever. After the fever is gone, the virus is still carried in the saliva for up to 6 months, but in small amounts. Overall, mononucleosis is only slightly contagious from contacts. Boyfriends, girlfriends, roommates, and relatives rarely get it. The person with mononucleosis does not need to be isolated. However, he or she should use separate drinking glasses and utensils and avoid kissing until the fever has been gone for several days.

The incubation period for mononucleosis is 4 to 10 weeks after contact with an infected person. This means that if a person does become infected with the virus, the symptoms will not appear until 4 to 10 weeks after the contact.

### CALL YOUR CHILD'S PHYSICIAN IMMEDIATELY IF:

- Breathing becomes difficult or noisy.
- Signs of dehydration occur.
- Abdominal pain occurs (especially high on your child's left side).
- Your child starts acting very sick.

### CALL YOUR CHILD'S PHYSICIAN WITHIN 24 HOURS IF:

- Your child can't drink enough fluids.
- Sinus or ear pain occurs.
- Your child isn't back to school by 2 weeks.
- Any symptoms remain after 4 weeks.
- You have other questions or concerns.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.  
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