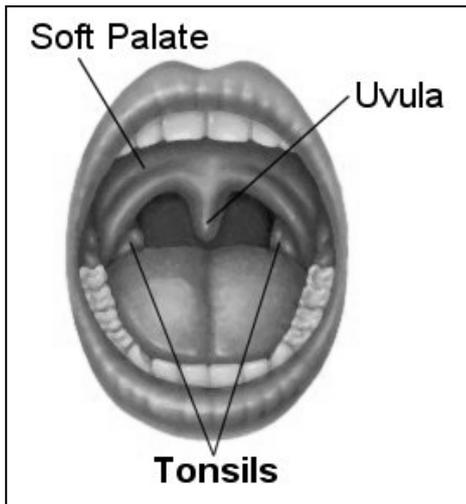


Infectious mononucleosis



Infectious mononucleosis (glandular fever) is caused by a virus (Epstein Barr Virus) and can be transmitted through saliva (hence the name the “kissing disease”). Although not as contagious as a cold, it can be spread through sharing a drink or cutlery, or from a cough or sneeze. The incubation period (time from contracting the virus to getting ill) is 1-2 months. Thankfully, you can only get the illness once (although a similar illness may be caused by another virus, CMV).

Young children often have a fairly mild form of infection but teenagers and adults may have a prolonged illness. It is important to know if you have infectious mononucleosis as your spleen may become enlarged and may be at risk from a minor injury. Rest, paracetamol and adequate fluids are the most important treatments for most people.

WHAT SYMPTOMS MIGHT YOU HAVE?

Infectious mononucleosis in adults usually causes very sore, swollen, pus covered tonsils with little relief from antibiotics (as the illness is caused by a virus and antibiotics will only kill bacteria). There is commonly fever, enlarged lymph nodes, extreme fatigue that lasts a few weeks. Your spleen may remain enlarged for up to 3 months so you should avoid contact sports for that amount of time. If you develop severe pain in the left upper abdomen after a mild injury you should immediately attend your emergency department. A minority of people have inflammation of their liver (hepatitis) and may become jaundice (your skin and eyes turn yellow). You should avoid alcohol for 3 months after your infection to rest your liver.

WHAT COMPLICATIONS CAN OCCUR?

Rarely, the tonsils can become so swollen that they obstruct the breathing. If this happens, you may require tonsillectomy. Other rare complications include: blood problems (anemia, thrombocytopenia), heart (carditis), brain inflammation (meningitis) or generalized weakness (Guillain-Barre syndrome).

HOW IS INFECTIOUS MONONUCLEOSIS DIAGNOSED?

The diagnosis is made by typical clinical findings (swollen tonsils and lymph nodes, enlarged liver or spleen) and blood tests. A throat swab may be required to rule out bacterial infection. Your white cell count is often elevated with abnormal appearing lymphocytes (bacterial infections cause elevated levels of a different type of white cell, neutrophils). Antibody tests may not be detectable in the first 1 week of infection and late antibodies (IgG) that rise after 2-3 months make it impossible to know if the infection is current or old.

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HOW IS INFECTIOUS MONONUCLEOSIS TREATED?

Adequate rest, frequent paracetamol and drinking plenty of fluids are the most important part of treatment. If you do not have trouble with asthma or stomach ulcers, you may add an anti-inflammatory (ibuprofen etc). Aspirin should not be used by children 16 or younger due to the risk of liver problems (Reye's syndrome).

If you overdo it while recovering you may find your fatigue returns until you rest adequately. Occasionally the fatigue is prolonged (6-9 months) but eventually your energy levels should return. You should avoid contact sports for 2-3 months (your GP can examine your spleen and let you know when its safe to return).

Your saliva is contagious for 1 week after your fever subsides so avoid kissing, sharing drinks or cutlery and cover your mouth when coughing or sneezing. Careful handwashing by household members is important to prevent transmission.

Antibiotics may be required if you have a secondary bacterial infection. Note that they will not get rid of the virus. A rash may occur with amoxicillin containing antibiotics (this is a result of the virus not an allergic reaction).

Corticosteroids may give you temporary relief of throat symptoms and fatigue while your body is recovering from the virus. Short-term use is fairly safe but long-term use should be avoided because of risks including:

1. Heartburn, gastric discomfort or formation of ulcers in the stomach.
2. Hip pain (rarely death of the top part of the hip bone).
3. Fluid retention
4. Mood alteration.
5. Destabilisation of diabetes control.



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