## Southeast Georgia PEDIATRICS

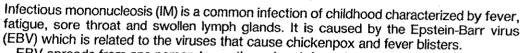
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## Infectious Mononucleosis

(Mono, kissing disease)



General Information



EBV spreads from one person to another when infected saliva comes in contact with the mouth and, possibly, the nose or eyes. Although kissing is one way to catch IM, the virus can also be passed on cups, utensils or other objects, as well as in droplets coughed or sneezed into the air. It is believed that anyone who has been infected with EBV will continue to shed virus into the saliva for life.

The time between exposure to IM and the first signs of illness is usually 4 to 7 weeks.



The Illness

Most young children who become infected with EBV either remain perfectly well or have only a slight cold. Teenagers and young adults, on the other hand, are more likely to develop infectious mononucleosis.

A typical case of "mono" begins with weakness and fatigue, sore throat, fever and lack of appetite. Tonsils may be fiery red, swollen and covered with pus. When excessively large and painful they can interfere with swallowing and breathing. Lymph glands all over the body, but particularly in the neck, are enlarged as are organs in the abdomen such as the liver and spleen. A blotchy red rash appears in some cases. Complications are uncommon.

Iliness lasts 2 or 3 weeks. Some individuals remain weak and tire easily for several months.



When To Call Your Doctor

You should call our office if you feel frightened or worried about the illness.

Call our office immediately if you see: unexplained bruises or bleeding: difficult or very rapid breathing.

Call us during regular office hours (or on weekends) if there occurs: inability to swallow liquids for 12 hours or more; extreme weakness; severe headache; unusual behavior; severe or persistent stomachache; yellow color to the skin ("jaundice") or dark urine; symptoms for longer than 3 weeks.



Treatment

No specific treatment is available for infectious mononucleosis.

For relief of pain and temperature over 102°F (38.9°C) it is helpful to give acetaminophen (Tylenol®, Tempra®, Panadol®, Liquiprin®). If you feel that stronger pain medication is needed, speak with your doctor.

Fatigue and weakness are best treated by resting. A diet containing nutritious foods and plenty of fluids should be offered. Cold milk shakes containing vitamin-mineral-calorie supplements (e.g. Instant Breakfast\*) are well-suited for this purpose.

Your doctor may prescribe medication or recommend hospitalization for severe illness, dehydration or a complicating problem.

Editor, S. Michael Marcy, M.D.; Associate Editors, Michael E. Pichichero, M.D., and Richard H. Schwartz, M.D.



Contagion

Contagion of IM is low and second cases in a family are uncommon.

Although no specific precautions are indicated, contact with infected saliva through kissing or sharing of cups, utensils, toys or washcloths should be avoided.



Return to Group Activities Patients with IM may return to school or work as soon as they feel well and have no fever.

Patients with an enlarged spleen must avoid activities (e.g. contact sports, biking, skiing) which could result in injury to the abdomen. Rupture of the spleen, a serious complication, can occur. Once the spleen returns to normal size, usually in 3 to 4 weeks, full activity can be resumed.



Common Concerns There is no way to prevent IM after exposure has occurred.

Relapses and second attacks of IM, though rare, do occur. Illness is usually milder than it was the first time.

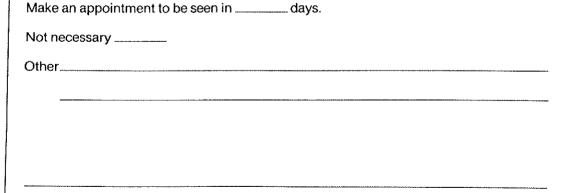
Ampicillin, amoxicillin and other penicillins will cause a blotchy red rash in 3 of 4 patients with IM. The rash is harmless and disappears shortly after the medicine is stopped. In most cases it does not represent penicillin allergy.

Mild EBV infection of the liver (hepatitis) is common in patients with IM and is rarely of concern.

The relationship between EBV infection and "chronic fatigue syndrome" is controversial and still under study.



Recheck Appointment





Further Advice from Your Doctor

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