

# Glandular fever (infectious mononucleosis)

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This systemic condition is usually caused by EBV , but similar features can be caused by cytomegalovirus or toxoplasmosis. The tonsils are typically erythematous with a creamy grey exudate and appear almost confluent, usually symmetrical ( Figure 52.30 ). In addition to the discomfort and dysphagia, patients may drool saliva and have respiratory difficulty , particularly on inspiration. They commonly have a high temperature and gross general malaise with marked cervical or generalised lymphadenopathy . Occasionally , an enlarged spleen or liver may be detected. The condition is most frequent in teenagers and young adults. The diagnosis can be confirmed by serological testing for EBV , which has now commonly replaced Paul-Bunnell testing, an absolute and relative lymphocytosis, and the presence of atypical monocytes in the peripheral blood. John Rodman Paul , 1893–1971, Professor of Preventative Medicine, Yale University , New Haven, CT , USA. Walls Willard Bunnell , 1902–1966, American physician. Paul and Bunnell described this test in 1932. Moritz Kaposi , 1837–1902, Professor of Dermatology , Vienna, Austria, described pigmented sarcoma of Analgesia and maintenance of fluid intake are important. A small number of patients require admission to hospital if the airway is compromised or if oral intake of fluids is not possible, and a short course of steroids may be helpful. Antibiotics are of little value and ampicillin is contraindicated because of the frequent appearance of a widespread skin rash. Rarely , if the airway is severely compromised, an elective tracheostomy under local anaesthesia is safer and less traumatic than an emergency intubation. Emergency tonsillectomy is contraindicated because of the generalised pharyngeal oedema and compromised airway . Glandular fever (infectious mononucleosis)

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Revision #1

Created 2025-12-31 15:19:52 UTC by Omar Ayman

Updated 2025-12-31 15:19:52 UTC by Omar Ayman