

WHEN YOUR CHILD HAS MONONUCLEOSIS

By Barton C. Schmitt, MC

Infectious mononucleosis, or “mono,” is caused by the **Epstein-Barr virus**, which is transmitted in infected saliva by coughing, sneezing, and kissing. Although mononucleosis can occur at any age, it is most common in 15- to 25-year-olds, possibly because of their more intimate contacts with others. Contrary to popular belief, mononucleosis is not very contagious. Household contacts of the sick person rarely come down with it. Diagnostic findings include:

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

Most youngsters have only mild symptoms for about 1 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. Also, enlarged tonsils, adenoids, and other lymph tissue in the back of the throat may obstruct breathing. On rare occasions, the enlarged spleen will rupture if the abdomen is hit or strained. Because over 90% of mononucleosis patients develop a severe rash if they take ampicillin or amoxicillin, these medications should be avoided.

In general, mononucleosis is neither lingering nor progressive. All symptoms are gone by 4 weeks after their first appearance. Persistent laboratory findings of the Epstein-Ban virus in saliva and antibodies to the virus in the blood have caused some confusion on this point. At any given time, 10% to 20% of healthy adults who have had mononucleosis in the past have the virus in their saliva, because it reappears periodically without any symptoms. Also, the number of mononucleosis antibodies in the blood increases in response to new infections by other viruses. Neither of these findings means that mononucleosis has recurred.

There is no good scientific evidence to support mononucleosis as a cause of chronic fatigue syndrome. The symptoms of this syndrome include fatigue, weakness, recurrent pains, and the need for more sleep. These symptoms must be present for at least 6 months. Recent evidence points to a retrovirus as the cause of some cases of chronic fatigue syndrome.

Home Treatment

Give medicine to relieve fever and pain. No specific medicine will cure mononucleosis. Appropriate doses of acetaminophen or ibuprofen, however, can usually relieve fever over 102°F and the pain of swollen lymph nodes and sore throat.

Take measures to soothe the sore throat. Children over 6 years of age can gargle four times a day with warm water containing 1 teaspoon of an antacid solution per glass. Sucking on hard candies, for children over 4 years of age, also relieves soreness (butterscotch seems to be a soothing flavor).

Provide a soft diet. Because swollen tonsils can make some foods hard to swallow, give your child soft foods to eat for as long as necessary. To prevent dehydration, make sure that she drinks a lot of fluids. Milk shakes and other cold drinks are especially good. Avoid citrus fruits, which are acidic. Give a daily multiple vitamin pill until the appetite returns to normal.

Allow your child to set his own pace. 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 decide how much rest he needs. Usually children voluntarily slow down until the fever has resolved. They can return to school when the fever is gone and they can swallow normally. Most children will want to be back to full activity by 2 to 4 weeks.

Protect your child's enlarged spleen. A blow to the abdomen can rupture an enlarged spleen and cause bleeding. This is a surgical emergency. 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 examination. Constipation and heavy lifting should also be avoided because of the sudden pressures they can put on the spleen. We will check your child weekly until spleen size returns to normal.

Take precautions to keep the disease from spreading. Infectious mononucleosis is most contagious while your child has a fever. After the fever is gone, the virus is 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 incubation period is 4–10 weeks after contact.) The person with mononucleosis does not need to be isolated. She should definitely use separate glasses and utensils, however, and avoid kissing until the fever has been gone for several days.

Call our office immediately if:

- Your child develops difficulty breathing.
- Your child becomes dehydrated (does not pass urine for over 12 hours).
- Your child complains of abdominal pain (especially high on the left) or left shoulder pain.
- Bleeding into the skin (purple spots or dots) occurs.
- Your child starts acting very sick.

Call within 24 hours if:

- Your child develops noisy breathing.
- Your child can't drink enough fluids.
- Sinus or ear pain occurs.

Call during office hours if:

- The fever isn't gone within 10 days.
- Your child isn't back to school in 2 weeks.
- Any symptoms remain after 4 weeks.
- You have other questions or concerns.

Adapted from Schmitt BD: *Your Child's Health*, ed 2. New York, NY, Bantam Books, Inc., 1991.

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