

13. PARTICULARITIES OF PRESENTATION, DIAGNOSIS AND TREATMENT OF INFECTIOUS MONONUCLEOSIS. CLINICAL CASE



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Introduction. Infectious mononucleosis is an acute condition characterized by sore throat, fever, fatigue, cervical lymphadenopathy, and atypical large peripheral blood lymphocytes also called Downey cells. Most common causative agent is Epstein–Barr virus (EBV), and occurs most commonly in children and adolescents. EBV is transmitted by saliva and has an incubation period of approximately 6 weeks. Infectious mononucleosis is medically important because of the severity, duration and its long-term consequences, especially in the development of certain malignancies and autoimmune conditions.

Case statement. Patient is a 7 year old male with a longstanding fever max. 40.1°C for about 10 days. The patient also experienced arthralgia during the peak of the fever at the level of the knee, shoulder, radiocarpal and metacarpophalangeal joints with myalgia. Initial management antibiotic therapy with Ceftriaxone 300 mg, administered at a dosage of 1/2 tablet twice daily and later was replaced with Amoxicillin-clavulanic acid, yet the patient's condition showed no improvement. The physical examination unveiled signs of inflammation, with a hyperemic posterior pharyngeal wall. Palpation revealed enlarged and mildly painful cervical lymph nodes, notably more prominent on the left side. Additionally, a subtle hepatomegaly was identified, with the liver edge situated 2.0 cm from the costal margin. Laboratory investigations revealed the presence of EBV specific IgG and IgM antibodies with that diagnosis of IM was made. The patient is advised to prioritize rest, avoid overexertion, and follow a balanced diet. Adherence to international quarantine regulations is recommended. The medical treatment plan included Folic acid, Vitamin D3+K2, and Ursodeoxycholic acid.

Discussions. This case report emphasizes the variable clinical presentations and age-dependent onset of infectious mononucleosis (IM). Beyond the typical symptoms, it underscores the potential for rarer complications such as lymphocytosis, impaired liver function, peritonsillar abscess, airway obstruction, and splenic rupture. The findings highlight the need for a nuanced clinical approach to promptly recognize and manage the diverse manifestations and potential complications associated with IM.

Conclusion. In conclusion, this case illustrates the varied clinical presentation and age-specific onset of infectious mononucleosis. The patient's management, involving antibiotics followed by a tailored treatment plan, underscores the need for individualized approaches. This report highlights the potential complications associated with IM, emphasizing the importance of timely recognition and intervention.