



# Medicine for Managers

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## Glandular Fever

In equatorial Africa, the Epstein-Barr virus, which is a type of herpesvirus, is associated with the development of a fast-growing malignant tumour of the lymphatic system in children. In more temperate Europe, including the United Kingdom, the same virus causes glandular fever (also known as infectious mononucleosis), which is usually benign and predominantly causes upper respiratory symptoms. It is also known as the “kissing disease”.

The virus is passed from person to person by close contact and most infections occur during childhood causing only mild symptoms.

In adolescents and young adults the symptoms may be more troublesome and produce the characteristic glandular fever symptoms.

The peak ages for infection are generally between 15 and 25.

The virus is spread by the saliva, hence the “kissing” epithet but is also transmitted by exposure to coughs and sneezes and probably by sharing cups, toothbrushes or other items.

The disease may have an incubation period of up to six or seven weeks and outbreaks may occur in closed environments such as school dormitories and student residences.

### Symptoms

The symptoms of glandular fever may be mistaken, particularly in the early stages, for other causes. Typically there is:

- A raised, often high, temperature
- A severe sore throat, often accompanied by enlarged tonsils which may be red and painful
- Difficulty swallowing because of extreme pain, sometimes with saliva pooling in the mouth
- Enlarged cervical (neck) glands (cervical lymphadenopathy) accompany the throat symptoms most commonly
- Other lymph glands are commonly enlarged, usually in the armpits and the groins and they become tender
- The liver and spleen may become enlarged. Splenic involvement may cause abdominal pain

- Other symptoms may include headache, sweating, shivering, loss of appetite and pain behind and puffiness around the eyes
- Rarely, liver involvement may result in abdominal pain and jaundice (skin yellowing)

The sore throat persists and does not improve. Very occasionally swallowing may become almost impossible and there may be difficulty breathing.

### Diagnosis

On occasion, the diagnosis of glandular fever may be delayed because it may be difficult to distinguish from other upper respiratory infections.

If the diagnosis is suspected, it can be confirmed with a simple blood test, which relies on the identification of changes in a particular type of white blood cell called the **monocyte**. It is those changes which provide the alternative name of the disease; **infectious mononucleosis**.

### Progress

Glandular fever can be slow in recovery. The feelings of lassitude may persist for weeks and occasionally for months.

Patients with the virus may remain infectious for up to about two months during the incubation, symptomatic and early recovery periods.

The virus may reportedly remain in the saliva for up to eighteen months or longer in some cases. Normally an episode of glandular fever confers lifelong immunity.

### Treatment and Management

There is no specific treatment for glandular fever. General supportive measures are helpful and fluid input should be maintained even when the appetite is poor.

Simple analgesics such as paracetamol and ibuprofen will ease headache and aching limb symptoms.

Because of its infective nature, it is wise to keep distance and particularly to avoid kissing any infected person.

Sufferers should have their own cups, towels and other personal belongings. Alcohol should be avoided during the infection because its consumption may make the sufferer feel more ill because of the effect on the liver.

In some patients, alcohol drunk for up to six months after the infection has subsided may continue to make them feel ill.

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*Antibiotics are valueless because the infection is caused by a virus.*

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Some patients do develop secondary bacterial infections and in such circumstances an antibiotic may be valuable.

The acute throat symptoms usually subside within 10-14 days but the fatigue, which may be extreme in some patients, may persist for a number of weeks (and up to six months in about

10% of patients).

A few patients do experience complications.

The spleen, which swells during the infection in about half of sufferers, may rupture occasionally (*about one in 1,000 cases*) and may also be more vulnerable to trauma, for example during sport, for a period after the illness.

Rupture is a serious complication because of the blood loss it causes. Other rare complications include meningitis, encephalitis and nerve palsies.

Most people overcome the disease quite quickly and are restored to good health.

However, as kissing is likely to remain an enjoyable pastime for the young, we can expect it to remain a common infection of teenage and early adult years.

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