

# Medicine for Managers

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## Glandular Fever

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**The Epstein Barr Virus, a member of the herpesvirus family, is associated with the development of a fast-growing malignant disease of the lymphatic system in children in equatorial Africa. In the more temperate Europe including the United Kingdom, the same virus causes glandular fever, the so-called 'kissing disease' with benign, predominantly upper respiratory symptoms.**

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 are characteristic of glandular fever. The peak ages are generally between 15 and 25.

In glandular fever, 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, etc.

The disease may have an incubation period as long as six weeks and outbreaks may occur in closed environments such as school dormitories and student residences.

The symptoms of glandular fever may sometimes be mistaken in the early stages

for other causes. Typically there is a sore throat and the tonsils may be enlarged, very red and painful. Swallowing is extremely painful and sometimes saliva pools in the mouth.

The throat symptoms are accompanied by lymphadenopathy. The cervical (neck) glands are usually most enlarged but there is commonly generalised lymphadenopathy affecting glands in the axillae and the groins, all of which may become tender.

The liver and spleen may also be enlarged. Splenic involvement particularly may cause abdominal pain.

Most people suffer malaise and the extreme tiredness may persist for weeks after the acute upper respiratory symptoms have subsided. Other symptoms include headache, fever with sweating and

shivering, loss of appetite, pain behind and puffiness around the eyes. Rarely the liver involvement may cause some abdominal pain and jaundice (yellowing of the skin).

The diagnosis of glandular fever may be difficult because it is not easily distinguished from other upper respiratory infections.

If the disease is suspected a simple blood test can be carried out to confirm the diagnosis. The test relies on the identification of changes in a particular type of white blood cell, the monocyte, and it is those changes which provide the disease's alternative name of infectious mononucleosis.

The feelings of lassitude may persist for some weeks and occasionally for months. Indeed patients with the virus are infectious for about two months during the incubation, symptomatic and early recovery periods. The virus may remain in the saliva for up to eighteen months or longer in some cases. Normally an episode of glandular fever confers lifelong immunity.

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 may be wise to keep a distance and particularly to avoid kissing the infected person. Sufferers should have their own cups, towels and other personal belongings.

Alcohol should be avoided during glandular fever because the consumption of alcohol may make the sufferer feel more ill as a result of the effect on the liver.

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

Antibiotics are valueless in glandular fever because the infection is caused by a virus. Some patients do develop a secondary bacterial infection and, in such circumstances, an antibiotic may then 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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