УДК [61+615.1](06)(043.2)
ББК 5+52.81
А 43
ISBN 978-985-21-1569-8

Mazhar S., Jha N.K.

SEVERE INFECTIOUS MONONUCLEOSIS CAUSED BY EPSTEIN-BARR VIRUS IN CHILDREN (CASE REPORT)

Tutor: senior lecturer Ramanouskaya V.F.
Department of Paediatric Infectious Diseases
Belarusian State Medical University, Minsk

Relevance. Infectious mononucleosis (IM) is a clinical syndrome, mostly caused by Epstein-Barr virus (EBV). There are two age groups of higher incidence of IM – children under 5 years old and adolescents. IM is characterised by fever, tonsillitis and lymphadenopathy, and in most cases is self-limiting with full recovery, however in 10-15% of cases atypical manifestations have been reported. The spectrum of atypical findings is wide including pancreatitis, encephalitis, myositis, myocarditis, lymphoproliferative disorders, as well as skin, lungs, and kidney involvement. Management of such cases becomes extremely challenging.

Aim: to present two distinct clinical scenarios involving cases of severe EBV infectious mononucleosis in children.

Materials and methods. Retrospective study of medical cards of two patients aged 15 years and 8 years respectively, hospitalized at City Children's Infectious Clinical Hospital, Minsk in 2023-2024, meeting the criteria of severe EBV infectious mononucleosis.

Results and their discussion. Here, we presented the first case of a 15-year-old boy with febrile fever, severe throat pain, toxic appearance, suffering marked difficulty in breathing, generalized lymphadenopathy, and significant hepatosplenomegaly. Upon serological testing, markers of a primary EBV infection were revealed. Anti-inflammatory therapy in the form of prednisolone and ceftriaxone were initiated. Clinical improvement was slow and breathing was unobstructed only on the 8th day of treatment. The presented case highlights the potential severity of EBV infectious mononucleosis in previously healthy adolescents despite its usually asymptomatic and self-resolving nature. In a second report, we illustrated a case of an 8-year-old boy with no significant past medical history hospitalized with febrile fever and classical clinical manifestations of IM, complicated by impending airway obstruction. Upon admission, he experienced severe respiratory distress resulting from excessive lymphadenopathy not only in the lymphoid tissue of Waldeyer's ring, but also in other less common places. Subsequent testing for EBV revealed positive serologic markers of a primary EBV infection. He received prednisolone, ceftriaxone, budesonide inhalation with supplemental oxygen therapy. Eventually, symptoms of airway obstruction resolved on the 8th day of the treatment.

Conclusions. Infectious mononucleosis in children can have both classic and atypical severe clinical manifestations. We want to emphasize the importance of early diagnosis and initiation of rational treatment for stabilization of patients as well as proper supportive care in management of patients.