

# Infectious mononucleosis

Mononucleosis is an infection caused by the Epstein-Barr virus. It is transmitted through human saliva, which is why it is popularly known as “the kissing disease.” People are the only source of contagion, it does not vary depending on the time of year, and there is no vaccine available. It affects the child, teenage, and young adult population of both sexes.

Contagion may have occurred 30 to 50 days before symptoms appear.

## ¿What inconvenience does it cause?

In the first 3 to 5 days it produces discomfort, fatigue, and loss of appetite.

Then the acute phase begins, with high **fever**, lasting between 5 and 20 days, sore throat, pus on the **tonsils**, **neck glands**, headache, muscle pain, and loss of appetite. In some cases, the **liver** may become inflamed and the **spleen** enlarged. Therefore, if the doctor or pediatrician deems it appropriate, they will request a blood test to monitor the inflammation and determine if there are antibodies against the virus.

It normally resolves without complications after 1 to 4 weeks.

**Recovery phase:** between 2 and 3 months after the acute phase. Some people may continue to experience fatigue, and the blood tests may remain altered for some time.

## What should be done?

For fever and headache, it is recommended to take **paracetamol and ibuprofen**. Aspirin is contraindicated, especially in childhood and adolescence, due to the possibility of a very serious, albeit rare complication called Reye’s syndrome, which causes symptoms of confusion, seizures, and inflammation of the brain and liver that require hospital admission.

**Isolation and disinfection of the environment are not necessary.**

**Antibodies should not be taken.** They are not useful in diseases caused by viruses. Initially, mononucleosis can be confused with tonsillitis, but if treated with an antibiotic, penicillin can cause an extensive skin rash. In primary care, there is a test available to determine when it is necessary to treat tonsillitis with antibiotics and when it is not.

**Relative rest.** In the acute phase, physical exercise is highly discouraged, especially if a large spleen or **liver inflammation** is detected, due to the risk of complications such as spleen rupture or bleeding.

Activities with impact should be avoided: running, jumping, contact exercises or those with a risk of falls.

Once the fever has disappeared and fatigue has improved, supervised exercise should be resumed at low intensity, avoiding contact activities (martial arts or team sports with possible collision or impact) to minimize the risk of complications. In contact sports, the use of protective vests is recommended when returning to training and for 2-3 months.

## Prevention

As in other diseases transmitted among people, hand hygiene should be taken care of in all environments and emphasis should be placed on not sharing glasses, cans, bottles, or hydration containers.

