CLINICAL AND PARACLINICAL FEATURES OF THE ADVERSE COURSE OF INFECTIOUS MONONUCLEOSIS IN CHILDREN

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Herpesvirus infections (HVI) remain an urgent problem in modern pediatrics. First of all, this is due to their widespread distribution, the ability to persist for life with periodic activation and the transition of latent forms into manifest and generalized ones.

According to WHO experts (2018), we are currently talking about a pandemic of herpes virus infections: up to 90% of the adult and child population of the planet are infected with herpes viruses (HV), while 50% of them have manifest forms of infection.

Infectious mononucleosis (IM) is the most common, characteristic clinical manifestation of herpesvirus infections. The difficulties of treating patients, the formation in some cases of unfavorable variants of the course and outcomes determine the medical and social significance of this pathology.

The purpose of the study: to identify the clinical and laboratory features of the onset of infectious mononucleosis with an unfavorable course based on a comparative analysis of clinical and paraclinical parameters in children with an acute and prolonged course.

67 children aged three to fifteen with infectious mononucleosis were under observation. Of them, 59 (88%) had moderate, 8 (12%) - severe forms of the disease. The diagnosis of IM was based on the clinical symptoms of the disease and the results of special research methods (ELISA, PCR), the severity of the disease was established on the basis of clinical manifestations and the degree of changes in the parameters of laboratory data. In 57 children (85.1%) IМ was characterized by an acute course (the first group), in 10 (14.9%) by an adverse prolonged course (the second group). The groups were comparable in terms of age, disease severity, and other parameters. All patients were under careful clinical and laboratory observation.

It was established that IM currently retains all the clinical signs characteristic of it as a whole. However, the frequency of detection, the severity of some of them at the onset of the disease, as well as their duration in the initial stages is different in the compared groups.

These studies showed that during the formation of an unfavorable prolonged variant of IМ the duration of hyperthermia was longer (4.43±0.57 days) and (6.28±0.34 days), respectively (p<0.05). In children of the first group, the size of the liver increased by an average of 1.54±0.23 cm, in comparison with patients of the second group, in whom the reaction of the organ was more significant - 2.84±0.41 cm (p<0.05). Significant differences between the patients of the observation groups were established regarding the frequency and severity of lymphoproliferative syndrome. For example, the size of submandibular lymph nodes ≥2.1 cm was characteristic of patients with a prolonged course of the disease, as it was determined in 54.7% of patients and 3.3 times less often (p<0.05) in patients with an acute course of IМ (in 16.5%). An increase in cervical lymph nodes (≥1.1 cm) was observed 4.9 times more often in children with prolonged course of the disease (50.4% and 10.2%, respectively) (p<0.05), while in them the sizes of inguinal and axillary lymph nodes ≥0.6 cm were recorded significantly more often (48.9% and 2%, respectively) (p<0.05).

At the same time, we found that in patients with an adverse course of IM significantly more often than in patients with an acute course of the disease, a decrease in platelets was determined (54.6% and 13.5%, respectively; p<0.05), a relatively high (>56%) content segmented neutrophils (respectively in 62.8% and 28.7%; p<0.05), high (>45%) content of lymphocytes (respectively in 81.3% and 58.9%; p<0.05), monocytes (23.8% and 2.3%, respectively; p<0.05) and ESR - in the range of 10-25 mm/h. (in 85.6% and 56.9%, respectively; p <0.05).

Thus, the conducted study established that at the early stages of the clinical manifestation of infectious mononucleosis in children, it is possible to distinguish symptoms that accurately and correctly determine the adverse prolonged course of the disease. These include the duration of hyperthermia of the patient's body, the expressiveness of lymphoproliferative and hepatolienal syndromes, significant deviations from peripheral blood indicators in the form of a decrease in the number of platelets, an increase in the relative number of neutrophils, lymphocytes, and monocytes, and ESR - in the range of 10-25 mm/h.