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**CLINICAL AND LABORATORY FEATURES OF INFECTIOUS MONONUCLEOSIS IN CHILDREN OF EARLY AGE**

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In the world infectious mononucleosis (IM) annually affects from 16 to 800 persons per 100 thousand population [1]. According to the WHO, more than 50% of children of the first 10 years and 80-90% of adults have specific antibodies to the virus as a marker of previous infection [2]. The infection rate of the adult population of Ukraine is almost 100%, and infection rate of thechildren is more than 50%, wherein 50% of them have a relapsing course of the disease. The significance of the problem of IM in the world is due not only of prevalence, but alsois due to severe consequences, complications and deaths caused by to the development of lymphoproliferativediseases[3].

Aim: to identify the clinical and laboratory features of infectious mononucleosis in young children .

Materialsandmethods. 108 childrenaged 2 - 5 yearswithinfectiousmononucleosiswere underoursupervision . At 97 patients (89.8%) thediseaseproceededinmoderate form, thesevereform of the disease was diagnosedat 11 ill children (10.2%). ThediagnosisofIMwasbasedontheclinicalsymptomsofthedisease, theresultsofcommonresearchandspecial (ELISA, PCR) studies.Theseverityofthediseasewasdeterminedonthebasisofclinicalmanifestationsandthedegreeofchangesintheparametersoflaboratorydata.

Results and discussion. As a result of our observations, it was found that 39 children (36.1%) had a typical clinical symtoms of IM that was characterized by febrile fever,mild symptoms of intoxication, adenoiditis, tonsillitis, lymphadenopathy, hepatosplenomegaly. At 69 children (63.9%) the disease began gradually with the manifestation of catarrhal symptoms (rhinitis, cough), the absence of symptoms of intoxication and an increase of temperature. In the future, during 5-7 days symptoms of intoxication and rise of temperature up to febrile numbers were increased at these children. Films on the tonsils were identified in 96 patients (96%), and in most cases the films were in the form of islets or whitish-yellow points, not extending beyond the limits of the tonsils. Lymphadenopathy was generalized, but there were no characteristic “packages” of lymph nodes. Hepatosplenomegaly was detected in 100% of children. In a biochemical study, cytolysis syndrome was diagnosed at 31.3% of children. Disorders of bilirubin metabolism in young children have not been identified. The exanthema was detected in 12% of children and was manifested by non-abundant maculopapular elements.

Changes in complete blood count were characterized by anemia (51.2%), leukocytosis (51%), neutrophillosis (44.6%), ESR acceleration (78.9%), and atypical mononuclear cells in a small amount up to 5% (71.3%).

Thus, we found that in young children the moderate forms of the disease prevailed, characterized by a gradual development of symptoms of IM, with the presence of catarrhal symptoms, the absence of typical changes in the clinical blood analysis. In our opinion all above listedshould be taken into account by practical physicians when diagnosing: infectious mononucleosis in young children.

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