



INFORMATION PLATFORM "CENTER FOR INNOVATIVE THINKING"
UKRAINIAN INSTITUTE OF SCIENTIFIC STRATEGIES
EUROPEAN UNION RESEARCH DEPARTMENT
SCIENTIFIC AND PUBLISHING CENTER "PROGRESS"

SCIENCE, TECHNOLOGY AND ART IN GLOBAL CONTEXT

PROCEEDINGS OF THE INTERNATIONAL SCIENTIFIC
AND PRACTICAL CONFERENCE



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Editor

Soloviov O. V.

*M.Sc.Ed., M.P.A., Hon. PhD, Academic Advisor,
Head of the European Union Research Department,
Ukrainian Institute of Scientific Strategies*

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Tetiana Kutsenko, Iryna Volovyk, Mariia Berezenska, Viktoria
Holodetska, Olga Sobolenko, Olena Krikunova, Daria Pyshchenko, Dana
Rudenko, Kuzmina Maryna, Iryna Ledenova, Oksana Mykhailenko

Olkhovska Olga Mykolayivna

Doctor of Medical Sciences. Professor

Kolesnyk Yana Volodymyrivna

Doctor of Philosophy, Associate Professor

Slepchenko Margarita Yuriivna

Doctor of Philosophy, Assistant

Kharkiv National Medical University,

Kharkiv, Ukraine

FEATURES OF INFECTIOUS MONONUCLEOSIS WITH AN UNFAVORABLE COURSE IN CHILDREN

Abstract: A comparison of clinical symptoms and results of additional examination of 110 children at the onset of infectious mononucleosis with different variants of the further course of the disease was carried out. Clinical and laboratory and instrumental signs were determined, on the basis of which it is possible to predict an unfavorable course of infectious mononucleosis.

Keywords: infectious mononucleosis, prognosis, children.

Herpesvirus infections remain common in the human population, with infectious mononucleosis (IM) caused by Epstein-Barr virus being the most common in children. After the disease, both long-term persistence of the virus and the development of lymphoproliferative syndrome are likely [1]. IM caused by Epstein-Barr virus is associated with an increased risk in malignancy, particularly hematologic malignancies [2]. Infectious mononucleosis may be a risk factor for myalgic encephalomyelitis/chronic fatigue syndrome [3]. Therefore, it is important to identify factors of unfavorable development of IM at the onset. Early prediction of

the course will help optimize patient treatment, as some scientific studies indicate that antiviral therapy may be useless in uncomplicated cases of IM [4].

The goal is to predict the unfavorable course of IM in children based on the results of clinical and laboratory research.

110 children aged from 3 to 13 years with angina-glandular form of IM were under observation, of which 64 (58.18%) had an uncomplicated favorable course, 46 (41.82%) had a prolonged course. The children were comparable in terms of disease severity, age, and gender. IM was most frequently registered among children aged six to ten years (41.82%), least often among children aged three to five years (23.63%). In our cohort of observations, girls were slightly more likely to be ill (55.46%). The diagnosis of IM was verified based on clinical and epidemiological data, and on the basis of relevant markers using ELISA and PCR methods. Treatment of all patients was carried out in accordance with diagnostic and treatment standards.

Manifestations such as fever, signs of tonsillitis (lacunar form predominated), enlarged lymph nodes, pale skin, hepatomegaly were recorded in all children at the onset of IM (100%). The obtained data coincide with the generally known clinical signs of IM [1,5]. It was found that in patients with IM with an unfavorable course at the onset, pain syndrome in the oropharynx was weakly expressed ($p < 0.05$), while abdominal pain ($p < 0.05$) and lymphoproliferative syndrome were significantly more pronounced – a significant difference was found between the observation groups in the size of the cervical and submandibular lymph nodes, which were larger in patients with an unfavorable course of IM ($p < 0.05$). In these same patients, enlarged mesenteric lymph nodes were also significantly more frequently recorded. ($p < 0.05$). Significant differences between patients of observation groups were established regarding the size of the liver and spleen. In patients with an unfavorable course of IM at the onset, the size of the parenchymal organs was significantly larger ($p < 0.05$). An increase in the size of the spleen over 1.1 cm was 2 times more often determined in the unfavorable course of IM ($p < 0.05$).

Patients with an unfavorable course of IM at the onset of the disease have significantly higher C-reactive protein (CRP), ESR, and segmented neutrophil

content against a background of low platelet content. CRP levels within 25.81 ± 2.72 g/l, an increase in ESR to 22.84 ± 1.67 mm/g with a high content of segmented neutrophils in the blood within $51.09 \pm 2.11\%$ and a decrease in the content of blood platelets may indicate a high probability of developing an unfavorable course of IM.

Conclusion. The clinical and laboratory features we have identified will allow to predict the further course of the disease at an early stage of IM which in turn will allow optimizing patient treatment.

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