

CC: Fever, HA, n/v, malaise**HPI:** 22 year old man.

- 6 days of fever (up to 103F), HA, nausea, vomiting (non-bloody), malaise
- Assoc burning throat pain
- Took a total of ~24 tablets of 325mg Tylenol over 5 days for fever
- Other ROS negative
- s/p Pfizer Covid vaccine x2 (last dose 7/2021)
- Endorsed vaccination for HepA and HepB

PMH:

- none

SH:

- Lives in Germany. Studying abroad in the US for 1 semester
- Currently lives with roommates, 1 roommate tested positive for Covid 2 weeks ago
- Tobacco: denied
- EtOH: rarely (1-2 beers over 2 weeks)
- Drugs: denied
- Last sexually active 4 weeks ago, Monogamous relationship with girlfriend. No hx of STDs

FH:

- Grandmother: RA

OUTPATIENT MEDS:

- none

PHYSICAL EXAM:**Tmax:** 37.8C, **BP:** 114/70, **HR:** 79, **RR:** 18, **SpO2:** 100% on RA**General:** In NAD, non-toxic appearing**HEENT:** PERRL, EOMI, moist mucus membranes, non-icteric sclera, posterior neck LAD, tonsils normal**CV:** RRR, no murmurs/rubs/gallops**Pulm:** CTAB, no wheezes/rhonchi/crackles**GI:** Non-distended, soft, non-tender to palpation, no masses or organomegaly**Neuro:** AOx3, no asterixis, answering questions appropriately, moving all extremities spontaneously against gravity**Skin:** No rashes, no jaundice**PROBLEM REPRESENTATION:**

Young man with no PMH, presenting with acute fevers, HA, n/v, malaise, and hepatitis, found to have...

LABS:

8.4 13 160
39

Diff:

Smudge cells present
Lymphocytes: 67.5%
Abs lymphocytes: 5.65 (↑)

INR: 1.2

TSH: 3.06 (nml)

Acetaminophen: <5

Covid-19: negative x2

136 99 7
3.5 23 0.6 105

UA:

Bilirubin: positive
Nitrites: negative
LE: negative
5 WBC/HPF

Utox: negative

Acute hep panel: negative
CMV Ab and PCR: neg

ANA: <1:80
Anti-SM Ab: 7 (nml)
Ceruloplasmin: 38 (nml)

6.4 3.8
2.3 1.8
1410 1420
161

HIV-1/HIV-2: neg
Monospot: neg
EBV Ab: 38 (↑)
EBV PCR: Detected

US Abd w/ duplex:

No evidence of
thrombus / Budd-Chiari
Liver: Homogenous, no
mass, no biliary
dilatation



INFECTIOUS MONONUCLEOSIS

CLINICAL MANIFESTATIONS

- Fever, malaise, pharyngitis, tonsillar exudates
- Lymphadenopathy (posterior cervical, posterior auricular)
- Splenomegaly
- Atypical lymphocytosis



CLINICAL MANIFESTATIONS

- Fever, malaise, pharyngitis, tonsillar exudates
- Lymphadenopathy (posterior cervical, posterior auricular)
- Splenomegaly
- Atypical lymphocytosis
- Rash
 - Reported s/p antibiotics (ampicillin or amoxicillin) and sometimes with NO antibiotic exposure
 - Could be due to transient virus-mediated immune response -> reversible, delayed-type hypersensitivity reaction



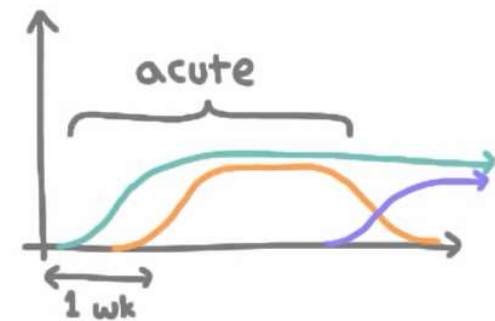
EBV TESTING



Anti-VCA antibody
└ viral capsid antigen



Anti-EBNA antibody
└ nuclear antigen



COMPLICATIONS

- Peritonsillar abscess, airway obstruction
- Lymphoproliferative disorders
- Malignancies
 - Lymphomas, nasopharyngeal carcinoma



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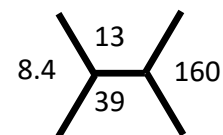
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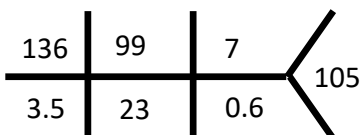
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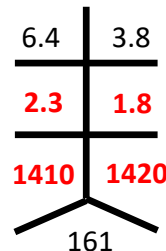
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DIAGNOSIS: EBV / INFECTIOUS MONONUCLEOSIS**LEARNING POINTS:**

- Clinical manifestations
 - Fever, pharyngitis, tonsillar exudates, malaise, lymphadenopathy, atypical lymphocytosis
 - Splenomegaly
 - Can affect other organs e.g. hepatitis
- Diagnosis
 - Positive Heterophile / Monospot test
 - Can be false neg during early infection
 - EBV-specific antibodies (viral capsid Ag)
- Complications
 - Peritonsillar abscess, airway obstruction
 - Lymphoproliferative disorders
 - Malignancies
 - Lymphomas, nasopharyngeal carcinoma