

CLINICAL AND IMMUNOLOGICAL DISORDERS  
IN INFECTIOUS MONONUCLEOSIS IN CHILDREN

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The proportion of infectious mononucleosis in the structure of infectious pathology has increased markedly in recent years, this is due not only to improved diagnosis, but also to a true increase in the incidence of this infection. In recent years, Russian scientists have written many works on the study of infectious mononucleosis caused by the Epstein-Barr virus. Modern capabilities of the laboratory service make it possible to clarify the etiology of all variants of infectious mononucleosis. Accordingly, it was found that not only the Epstein-Barr virus, as previously thought, but also the herpes simplex virus type 1, cytomegalovirus and human herpes virus type VI can cause the clinic of the disease. Currently, cases of infectious mononucleosis are described, when markers of several herpetic infections were detected in a laboratory study of a patient. The question of the clinic of combined forms of infectious mononucleosis is relevant, since they create a potentially greater danger to the health of patients in comparison with mono-infection.

**Purpose of the study.** Determination of clinical and immunological parameters of infectious mononucleosis in children, depending on the etiology, including combined forms, to justify its early diagnosis and treatment.

**Materials and methods:** 533 children with MI, various forms of tonsillitis and acute respiratory viral infections accompanied by mononucleosis-like syndrome, lymphadenitis, and hepatomegaly were examined. The diagnosis was made in accordance with the ICD X revision on the basis of: clinical and epidemiological, general clinical, biochemical and specific (serological and molecular genetic) studies: ELISA and PCR methods. The most common form of the disease in this study was the moderate form (98.5%), severe was recorded only in 1.5% of cases.

**Research results and discussion.** Clinical manifestations in children with EBV MI were typical. In the first three days of EBV MI in children, the symptoms of intoxication predominate. On the 2-3rd day of the disease, in 88.5±3.0% of cases, nasal breathing was added, the children breathed through their mouths, "snoring" breathing was manifested in sleep, the voice acquired a nasal tone. The face was puffy with pasty eyelids in 67 (33%) patients. Exanthema was in 27.8±6.8% of cases. The phenomena of tonsillitis were observed in all patients. Purulent raids were characterized by abundant deposits on the tonsils in 68.1±5.3% of cases. An increase in lymph nodes, mainly cervical, was recorded in 65.5 ± 5.5% of cases, tonsillar - 80.5 ± 4.1%. Hepatomegaly was observed in 64.6±5.5% of cases, splenomegaly - in 43.4±4.6%. On days 5-10, there was an increase and predominance of a complex of specific symptoms for this disease. The phenomena of tonsillitis decreased with the course of the disease: hypertrophy of the tonsils - 85.8±3.1%, tonsillitis - in 32.7±4.3% of cases. Puffiness of the face, pastosity of the eyelids remained only in 9.7 ± 2.6% of cases, and impaired nasal breathing - in 69.9 ± 4.2%. During the peak period, predominantly tonsillar and cervical lymph nodes were recorded (87.6±2.9% and 100.0±0.0%, respectively). Hepatomegaly was detected in 95.6±1.7% of

cases, splenomegaly - in 27.4±4.1%. In the clinical analysis of blood in children with EBV MI, an increase in the erythrocyte sedimentation rate up to 24 mm/h, leukocytosis up to 27 g/l, lymphocytosis up to 46%, and the presence of atypical mononuclear cells up to 52% were characteristic.

## CONCLUSIONS

1. Infectious mononucleosis caused by the Epstein-Barr virus, at the present stage, is characterized by the appearance at the beginning of the disease of symptoms of intoxication, catarrhal syndrome, moderate lymphoproliferative syndrome, followed by an increase in their severity at the height of the disease. Lymphadenopathy of peripheral nodes, enlargement of the liver and spleen, are most pronounced in young children.

2. A feature of the course of cytomegalovirus mononucleosis, which is detected in 18.5% of cases, is moderate hyperthermia, an increase in predominantly cervical groups of lymph nodes, as well as aphthous stomatitis in the absence of purulent deposits on the tonsils, an increase in the liver in the acute period of the disease.

## Literature.

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