

Title: Most instances of splenic rupture due to infectious mononucleosis occur during the first 3 weeks of illness.

Author: Amelia Nelson

Date: Wednesday October 6, 2009

Key words:

Infectious mononucleosis
splenomegaly
Splenic rupture
Return to play

Abstract:

No study provides high level of evidence on this subject; therefore, clinical judgment is still essential. Splenic enlargement is common in infectious mononucleosis (IM), but rupture is an uncommon sequelae. A systematic review of case reports/ series demonstrates a majority of splenic ruptures occurring in the first 3 weeks. In an afebrile patient with resolving symptoms, return to "non-contact" activity is appropriate at that time. Level of exertion should be guided by patient's energy. Return to "contact" activity should have a delay of at least 3 weeks. Physical exam cannot accurately detect splenomegaly. Imaging with serial U/S to monitor changing spleen size may be considered in a patient with early resolution of IM symptoms who is considering early return to activity.

This document was created by a medical student enrolled in the Primary Care Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

PATIENT INFORMATION HANDOUT



I have “mono.”

...Now what?

What is mono?

“Mono” is the short-hand name for the illness **infectious mononucleosis**.

It is caused by a virus - the **Epstein-Barr** virus to be exact.

How did it happen?

You may have heard mono called the “kissing disease” before.



That is because it is spread by coming in contact with the **saliva** of a person with the infection.

But it can also be spread by **sneezing** or by **sharing** things that might have saliva on them, like **food/silverware/cups**.



What is mono like?

People with mono often complain of:

- Sore throat
- Swollen “glands” in the neck
- Fever

They may also feel much more tired or have less energy than usual.

How does the doctor know if I have mono?

Your doctor will ask about your symptoms and exam you.

A **blood test** can help tell the difference between mono and other viral illnesses.

The doctor may also check for **Strep throat** because people with mono and Strep can look alike but require different treatment.

Sometimes people can have **both infections** at once.

How is mono treated?

People with mono need plenty of **rest** and to drink plenty of **fluids**.

Over-the-counter pain medications like **Tylenol** and **ibuprofen** are good for keeping fever down and treating aches and pains.

Mono is a **virus**. Viruses are not killed by treatment with antibiotics.

If your doctor discovers that you have Strep throat **AND** mono, you will need to take an **antibiotic to treat the Strep**. Finish all medication that is prescribed.

PATIENT INFORMATION HANDOUT



I have “mono.”

...Now what?

How long until I am better?

Most people with mono feel better after one month.

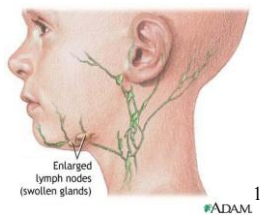
In some cases, the symptoms of mono can last much longer (6 or more months).

Feeling tired or sleeping more than usual are the most common symptoms that linger.

Is mono dangerous?

Mono is usually not dangerous, but there can be serious complications. These are very uncommon.

Sometimes the swollen “glands” or lymph nodes in the neck can get so large that a person has problems with swallowing or breathing.



If this happens, the doctor may treat with a corticosteroid, a medication to reduce inflammation and swelling.

¹<http://www.nlm.nih.gov/medlineplus/ency/images/ency/fullsize/9833.jpg>

Mono can also affect the size of the spleen - an organ in the left upper part of a person’s abdomen.



Many people with mono get an enlarged spleen.

In very rare cases (1 person in 1000), the enlarged spleen can tear open. This can cause serious bleeding and may require surgery.

What should I do?

The risk for a tear in the spleen is greatest during the first 3 weeks a person is sick. During that time you should take it easy and avoid all strenuous activity.

After 3 weeks, gradually resume everyday activities. Just remember that you will probably be more tired than usual. Respect your body’s energy level!

The doctor may suggest waiting longer than 3 weeks or doing ultrasound tests to check on the size of the spleen:

- For contact sports
- Any activity where you could get hit in the abdomen

²<http://www.nlm.nih.gov/medlineplus/ency/images/ency/fullsize/7173.jpg>