

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

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Key words:

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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.

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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



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How long until I am better?

Most people with mono feel better after one month.

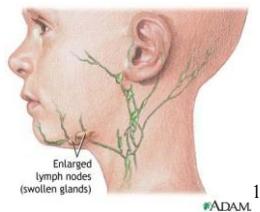
In some cases, the symptoms of mono can last much longer (6 or more months).

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>