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Causes of mononucleosis

Doctors in Madrid studied 124 children with clinical and haematological evidence of infectious mononucleosis (Ana Lajo and colleagues, *Pediatric Infectious Disease Journal* 1994; 13: 56-60). They found that 104 had serologically proved Epstein-Barr virus (EBV) infection and 20 cytomegalovirus (CMV) infection. The two infections were not distinguishable clinically, although those due to CMV were more often in children under 4 years old. Ninety three per cent of EBV cases and 75% of CMV cases had cervical lymphadenopathy. Heterophil antibody tests were positive in half of the EBV infections but in none of those due to CMV. Only 13.5% of children under 4 years of age with EBV infection had heterophil antibodies.

Complications occurred in six (6%) of the children with EBV infection. Three developed Gianotti-Crosti syndrome*, two Bell's palsy, and one severe airway obstruction. In those with CMV infection four (20%) had complications: two with thrombocytopenia, and one each with severe neutropenia and interstitial pneumonia.

Infectious mononucleosis may be due to either of these viruses but usually it will not be important to distinguish between them.

ARCHIVIST

*Fernando Gianotti (born 1920) and Agostino Crosti (born 1896) were Italian dermatologists. They described papular acrodermatitis of childhood. This usually affects children between 1 and 4 years of age and is a benign and self limiting condition characterised by crops of small red papules distributed peripherally on the limbs sometimes with vesicles and with a variable degree of itching. It is often associated with hepatitis B infection but also occurs with other viruses including hepatitis A, enteroviruses, adenoviruses, EBV, CMV, parainfluenza viruses, and rotavirus.