Background Although a common viral disease Infectious Mononucleosis may represent a diagnostic challenge for the primary care physician.

Objectives To describe the clinical and biological features of Infectious Mononucleosis by analyzing cases diagnosed, treated and followed up in an outpatient pediatric clinic.

Materials and Methods We conducted a retrospective study consulting the electronic medical records of all the children who were given the diagnosis “Infectious Mononucleosis” over a period of 3 years.

Results 40 children (aged 2 to 18 years) were given this diagnosis during the studied period. Out of these 3 cases were confirmed not to be “Infectious mononucleosis” being given an alternative diagnosis, 6 cases were not followed up for various reasons and were excluded from the study and 3 cases could not be confirmed because the parents refused blood withdrawal. 26 cases were confirmed serologically (positive Ig M for Epstein Barr virus). Most prevalent symptom was enlarged lymph nodes (84%), followed by altered general status (80.7%), fever (53%), exudative tonsillitis (34.6%). Lymphocytosis and elevated glutamic pyruvic transaminase were the most prevalent biological signs (50%) followed by elevated C reactive protein (42.3%). One case was found with thrombocytopenia and 1 case exhibit signs and symptoms of rhabdomyolysis (elevated CK, LDH, GOT; muscle pain).

Conclusions Infectious mononucleosis may have polymorphic manifestations. One should consider this diagnostic especially when investigating fever that lasts longer than 4 days, enlarged lymph nodes and exudative tonsillitis as well as be aware of particular forms of this disease.

Background and Aims Hepatitis A virus (HAV) is an enteric viral infectious disease that is endemic in Turkey. Asymptomatic or subclinical infection often occurs in children, and symptomatic acute infections are more common in adolescents and young adults. In this study, we investigated the seropositivity for HAV and the associated socioeconomic factors in children aged between 2 and 18 years.

Methods A questionnaire was administered that addressed gender, age, number of household members, monthly family income, history of jaundice and immunization, number of rooms in the house, education level of the parents, day-care/school attendance, and type of water supply. The socioeconomic status score of each child was determined by summing the scores for monthly family income, education level of the parents, number of rooms in the house and number of people living in the house. Blood samples were collected and analyzed for anti-HAV IgM.

Results Significant associations between anti-HAV seropositivity and socioeconomic status, age under 6 years old and attending daycare, a history of jaundice and monthly family income were found (p<0.001, p=0.003, p<0.001, p=0.04, respectively). Only the association between the history of jaundice and anti-HAV seropositivity remained significant in the multivariate analysis, with an adjusted Odds ratio of 13.1 (range: 2.9–59.5; p=0.001).

Conclusions Our findings showed an inverse correlation between HAV seropositivity and socioeconomic status. A high in-house population and paternal education level were not a significant factor increasing the risk of anti-HAV positivity. However, as the maternal education level increased, less HAV positivity was recorded.