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Infectious mononucleosis and corticosteroids. Yes or no?

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Background and Purpose: Infectious mononucleosis (IM) is associated with fatigue, fever, sore throat and swollen lymph nodes. The severity of symptoms can vary. In extreme cases, breathing difficulties because of swelling in the throat and other complications can require hospitalization. Also varies the duration of symptoms; in some cases they can last for months. There are few treatments available. There are no universal criteria for using steroids in this disease.

Although its use is generally reserved for severe complications, there are reports of professionals who use steroids to treat most symptomatic people.

The objective is to determine the efficacy and safety of steroid therapy to control the symptoms of glandular fever in a random sample of patients under 20 years with no other history who are cared for in an emergency.

Method: To evaluate the efficacy of oral corticosteroids in the treatment of infectious mononucleosis based on symptomatic improvement (fever, asthenia) and development of glandular inflammation. Patients treated with corticosteroids without diagnosed with infectious mononucleosis with positive heterophile antibody test.

Results: There is insufficient evidence to recommend steroid treatment for symptom control in infectious mononucleosis. Furthermore there is little research about the side effects, potential adverse effects and complications, particularly in the long term.

They are not recommended in cases of mild IM. They relieve sore throat and shorten the duration of fever. Increased risk of complications (risk of infections and immunosuppression).It should reserve its use in short cycles (2 weeks) for serious complications of IM, including: myocardial or neurological involvement, airway obstruction, hemolytic anemia, neutropenia and prolonged severe thrombocytopenia.