Royal National Throat, Nose and Ear Hospital

Glandular fever
Ear, Nose and Throat Surgery
What is glandular fever?
Infectious mononucleosis is commonly known as glandular fever. It is caused by a virus (the Epstein-Barr virus). Although it can make you feel quite ill, full recovery is usual.

It can affect people of any age, but is most common in young adults and teenagers. The virus is contagious and can be passed on to others by close contact (usually before symptoms are showing). The incubation time is 33 to 49 days. The immune system makes antibodies during the infection; these clear the virus and then provide lifelong immunity. Therefore, it is rare to have more than one bout of glandular fever.

What are the symptoms of glandular fever?
One or more of the following symptoms commonly occur for about a week or so. Symptoms then gradually settle.

• Sore throat
  This may be mild, but commonly the throat is very sore, red, and swollen. It looks like bad tonsillitis. Glandular fever is typically suspected when ‘tonsillitis’ is severe and lasts longer than usual. Swallowing is often painful and saliva may pool in your mouth.

• Spleen
  This is an organ under the ribs on the left side of the abdomen. It is part of the
immune system. Like the lymph glands, it swells and can sometimes be felt below the ribs if you have glandular fever. Occasionally, it causes mild pain in the upper left abdomen.

• **Swollen glands**  
As the body’s immune system fights off the virus it causes the lymph glands to swell. Any lymph gland in the body can be affected but the glands in the neck are usually the most prominent. They can become quite large and tender.

• **Flu-like symptoms**  
Like other virus infections, glandular fever often causes fever (high temperatures), aches, headaches, and can make you feel quite unwell.

• **Malaise**  
A feeling of intense tiredness often develops with glandular fever. This is often the last symptom to go once the sore throat, swollen glands, and flu-like symptoms have gone.

• **Swelling around eyes**  
About one in five people with glandular fever become quite puffy and swollen around the eyes. This goes in a short time.

• **No symptoms**  
Many people become infected with this virus but do not develop symptoms. This is called a subclinical infection.
Complications, unusual symptoms

Most people with glandular fever do not have complications or rare symptoms. For completeness they are mentioned here.

• Rash
  A widespread, non-itchy, red rash occurs in some people with glandular fever. This usually fades quickly.

• Jaundice
  Mild inflammation of the liver sometimes occurs causing mild jaundice (yellowing of the skin). This is not serious and quickly goes.

• Damaged spleen
  This is serious, but rare. A swollen spleen is more delicate than normal. A damaged spleen may occur if the left side of the chest or abdomen is injured, for example, after a fall. The spleen normally settles down to its normal size after about six to eight weeks. Therefore do not play rough or contact sports such as rugby for eight weeks after having glandular fever.

• Malaise and depression
  It is common to feel tired and low for the duration of the illness, and for a week or so afterwards. However, it is commonly believed that the depression and tiredness will last much longer. This is not true in most cases, but some people develop ‘postviral fatigue’ for variable periods. This usually clears in time. But about 3 in 20
people still have fatigue (tiredness) six months after the initial illness.

• Nerve damage
  Inflammation and damage to nerves or the brain is very rare.

What is the treatment for glandular fever?

No treatment is needed if symptoms are mild. Treatments that may help if symptoms are troublesome are listed below. Most people make a complete recovery in a couple of weeks, with perhaps a lingering tiredness lasting another week or so.

• Have lots to drink
  It is tempting not to drink very much if swallowing is painful. This may lead to mild dehydration, particularly if you also have a fever. Mild dehydration can make headaches and tiredness much worse.

• Take paracetamol or ibuprofen
  To ease pain, headache, and fever. It can be given to children as a medicine (such as Calpol, Disprol etc). Paracetamol is also available as dissolvable tablets.

• Antibiotics
  Antibiotics are occasionally prescribed. Glandular fever is due to a virus, and antibiotics do not kill viruses. However, some people develop a secondary bacterial infection on the inflamed tonsils. Antibiotics may then help.
• **Steroids**
  It is uncommon to need these. Steroid tablets (such as prednisolone) reduce inflammation. If the inflammation in the throat is severe it can cause difficulty with swallowing. A short course of steroids may be prescribed to help reduce the inflammation.

**General advice**

To prevent spread, avoid kissing and close body contact with other people whilst you are ill. Don’t share cups, towels, etc, whilst you are ill. Don’t play rough or contact sports for eight weeks. See a doctor if any unusual, severe, or unexplained symptoms develop.

The vast majority of people with glandular fever can expect a full recovery. It is very rare to have it again. If you have any problems please call the numbers below for advice:

B Ward  020 3456 5029  
C Ward  020 3456 5027

**Where can I get more information?**

**NHS Direct**
Telephone:  0845 4647  
Website:  www.nhsdirect.nhs.uk

**University College London Hospitals**
235 Euston Road, London. NW1 2BU  
Switchboard: 0845 155 5000  
Website:  www.uclh.nhs.uk
UCLH cannot accept responsibility for information provided by external organisations.

**PALS - If you have any concerns**
PALS is a patient-friendly, easy to access service designed to provide a personal contact point to assist patients, relatives and carers. If you have a problem that you have not been able to sort out we can help you to resolve it. PALS are open 10:00 till 16:00 Monday to Friday.

Telephone: 020 3447 3042
Email: pals@uclh.nhs.uk

If you need a large print, audio or translated copy of the document, please contact us on 020 3456 5305. We will try our best to meet your needs.
How to get here
The hospital is near King’s Cross Station. You are advised to travel by public transport due to no parking at the hospital. Pay and display parking may be available nearby.