

## A CASE OF INFECTIOUS MONONUCLEOSIS IN SINGAPORE

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Infectious mononucleosis, or glandular fever, as it is sometimes called, is a disease of presumed but unproved viral etiology and characterised by fever, sore throat, glandular enlargement, splenomegaly and the presence in the blood of a large number of abnormal mononuclear cells. The serum develops an abnormally high concentration of heterophile antibodies against sheep red blood cells. The agglutins are absorbed by ox cells but not by guinea pig kidney. The liver may be damaged and there may be electrocardiographic changes indicating heart involvement.

A male American, aged 27 years, was seen on 26.6.65 with fever and sore throat for ten days. He had been given Penicillin tablets for three days and an intramuscular injection of Potassium G. Penicillin 300,000 units on 25.6.65. He had had rheumatic fever at the age of seven and subsequently the tonsils were removed. He had been vaccinated against all the diseases for which vaccination is useful except diphtheria. He had "dengue" twice, once in September 1964 and again in October 1964.

On examination he had a temperature of 103° and the tonsils were covered with beads of pus especially on the right side. The lymph gland at the right angle of the jaw was enlarged and there were tender enlarged glands in the right posterior triangle of the neck. The spleen was enlarged to two fingers' breadth below the costal margin. The liver was not enlarged, there was no jaundice and there was no rash. There was no anaemia, hypertrophy of the gums or tenderness of the sternum. He was admitted to Gleneagles Hospital. The fever continued to range from 98° to 103° for three days after admission to hospital i.e. from 26.6.65 to 29.6.65 and then subsided. The spleen enlarged further to three fingers' breadth below the costal margin and then gradually receded until by 4.7.65 it could not be felt. He was discharged fit on 6.7.65 and returned to work on 14.7.65.

The laboratory findings were as follows:—

- 28.6.65 1. Total white count 6200 per c. mm.  
Differential count: Polymorphs 56%; Lymphocytes 19%;  
Monocytes 25%; Eosinophile Nil.  
Polymorphs show a slight shift to the left. Many of the Mononuclear cells are atypical? any clinical evidence of infectious mononucleosis.
2. Urine albumin trace; sugar nil.
3. Paul Bunnell Reaction: Agglutination as follows:—  
Non absorbed serum 1 in 80  
Guinea pig Kidney absorbed serum 1 in 80  
Ox cell absorbed serum 1 in 10
4. Throat swab culture:—  
No haemolytic streptococci or C. diphtheria cultured.  
The main growth was Neisseria organisms.
5. Thick blood film—No malaria parasites.
- 29.6.65 6. Serum Isocitric dehydrogenase 490 W and W A units  
(8.2 International units)  
Normal 0.8 to 4.5 l. Units
- 5.7.65 7. Total white count 18,200 per c. mm.  
Differential Count: Polymorphs 27%; Lymphocytes 19%;  
Monocytes 6%; Eosinophile 1%.  
Glandular fever Cells 47%  
No leukaemic cells seen.
8. Isocitric dehydrogenase 500 W and W A units  
(8.35 I. U.)
9. Paul Bunnell Reaction:  
Non absorbed serum 1 in 320  
Guinea pig Kidney absorbed serum - - - - 1 in 320  
Ox cell absorbed serum Nil
10. Electrocardiogram Normal.

The treatment consisted of rest in bed and a nourishing diet of fluids and soft foods supplemented with vitamins, injections of Procaine Penicillin 1 mega unit b.d. from 26.6.65 till 6.7.65 and Prednisolone 10 mg. t.d.s. from 28.6.65 to 9.7.65 and then 5 mg. t.d.s. till 15.7.65.

#### COMMENTS

As far as the author is aware there has not been any proved case of glandular fever in

adults resident in Singapore. This patient had been resident in Singapore for eleven months. He was a veterinary surgeon carrying out scientific research but careful inquiry showed no relationship between the disease and his work in the laboratory. It would appear that the etiological agent, presumably a virus, is present in Singapore and other cases may occur.

I must thank Dr. Robert Goldsmith for referring this case to me and the staff of Glen-eagles Hospital for their help.

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