RESULTS

100 patients diagnosed with EBV were chosen to participate in the study. They included 51 males and 49 females .Results of the present study are shown in the following figures and tables:

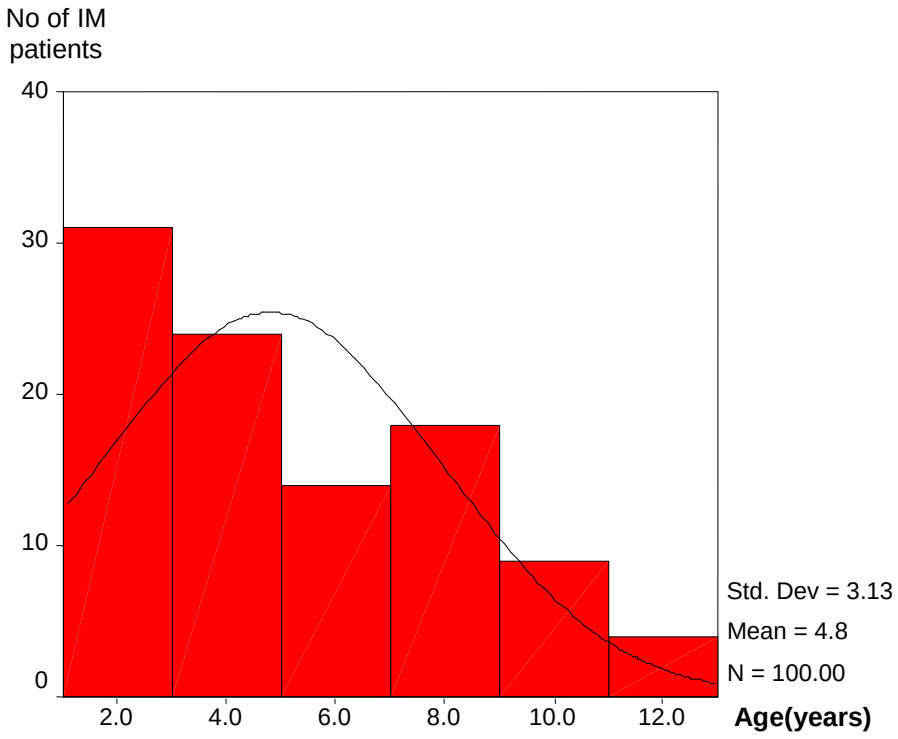

Fig. 5: Age distribution of children with infectious mononucleosis (IM), due to EBV infection.

This figure shows that mean age in children of this study was 4.8 years, and nearly(90%) developed infection before 9 years.

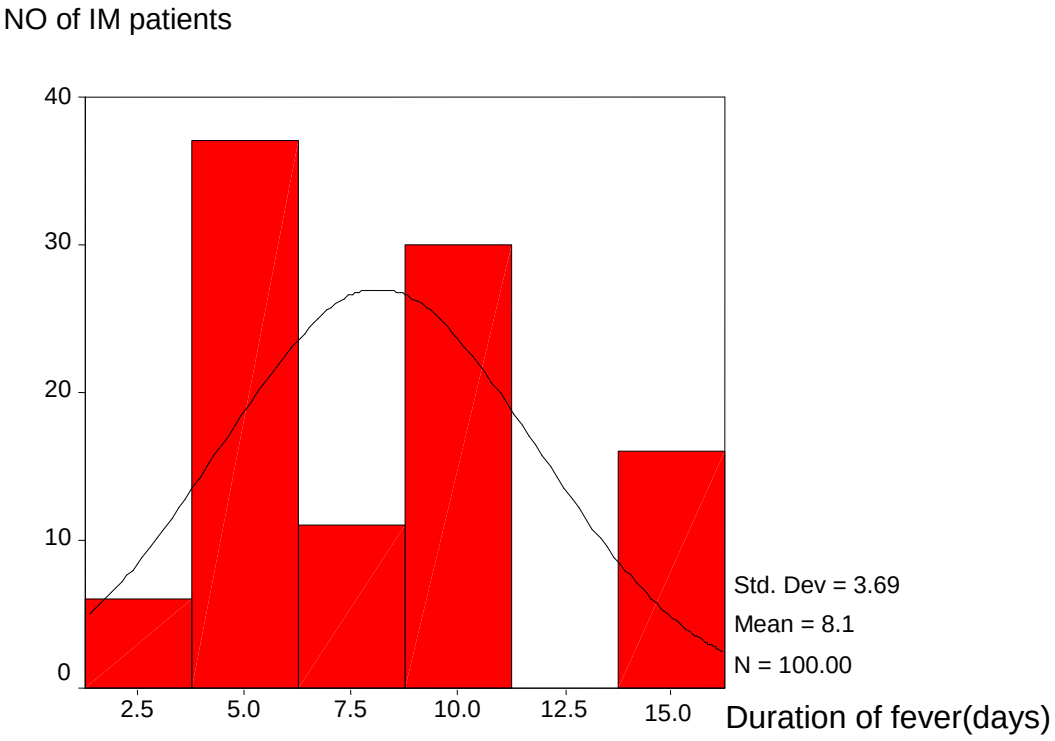

Fig. 6: The mean duration of fever in IM patient.

This figure shows that the mean duration of fever was 8.1 days, and 16.0% of patients had fever more than 10 days.

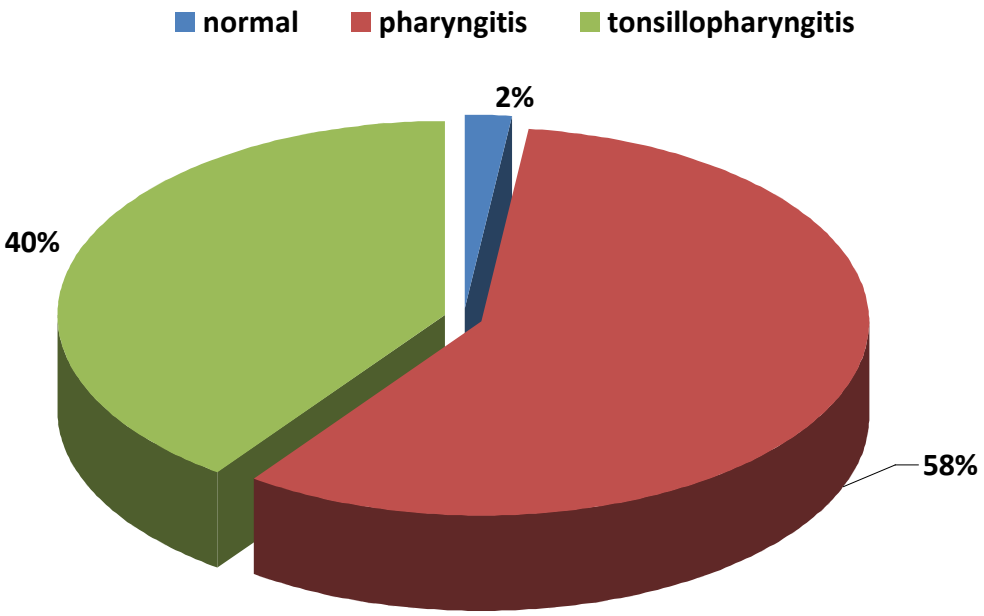

Fig. 7: The frequency of pharyngitis and tonsillopharyngitis in children with infectious mononucleosis (IM). The figure show that All but 2 patients were suffered from pharyngitis or tonsillopharyngitis.

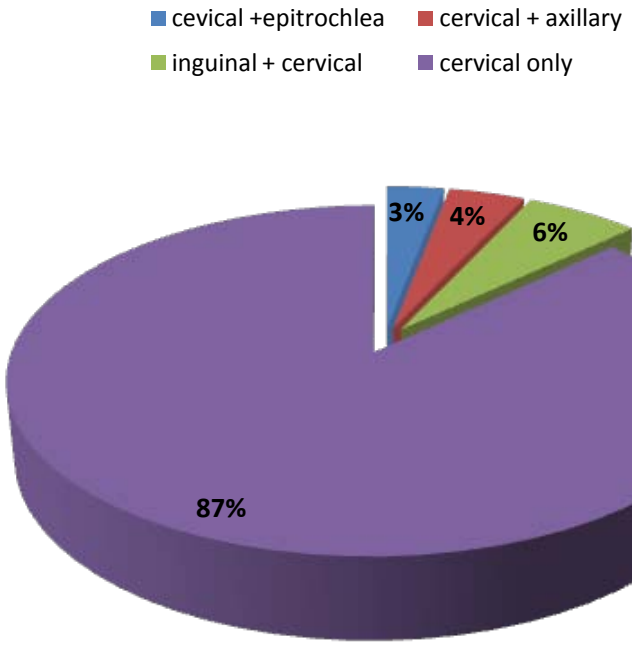

Fig. 8: The frequency and type of lymph node enlargement in IM patients due to acute EBV infection.

Table 3 : Frequency of splenomegaly, hepatomegaly and rash in acute EBV infection. splenomegaly was detected in, 52.0% of patients, hepatomegally was detected in 22% of patients , and rash was detected only, in 3.00% of IM patients.

	Cases	Percent
splenomegaly	52	52.0 %
Hepatomegally	22	22.0%
hepatosplenomegaly	22	22.0%
Rash	3	3.00%

Table 4: Laboratory findings in acute EBV infection.

Abbreviations: SD= standard deviation; Hb= hemoglobin; WBCs= white blood cells; AST =aspartate aminotransferase; ALT = alanine aminotransferase ; CRP = C reactive protein.

	Hb (g/dl)	WBCs count(/mm³)	Lymphocytes (%)	Platelets count.(/mm³)	AST (IU/L)	ALT (IU/L)	CRP Mg/L
Mean	11.1020	12356.50	59.9300	268719.1	120.6	97.3	24
SD	1.4802	7689.52	15.8466	131316.7	133.3	99.2	29
Minimum	4.7	1900.00	24.00	12500.00	12	11	2
Maximum	14	150000.00	93.00	522000.00	630	457	76

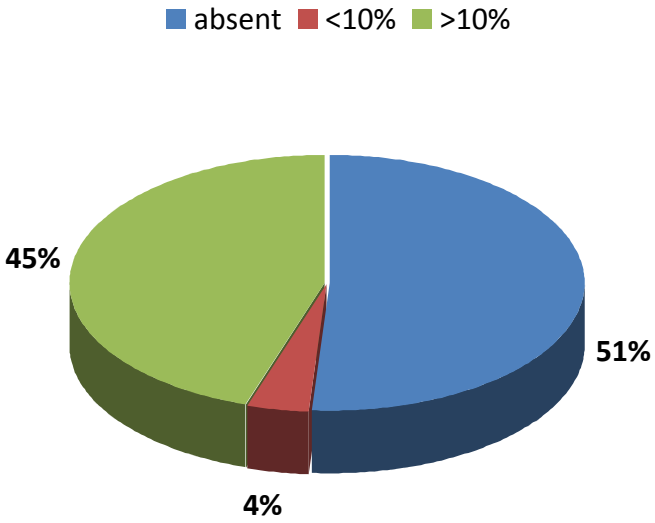

Fig. 9: Percentage of atypical lymphocytosis in IM patients due to EBV infection.

Atypical lymphocytosis was present in 49% of cases and absent in 51% of cases. Significant atypical lymphocytosis (>10%) was present in 45% of cases.

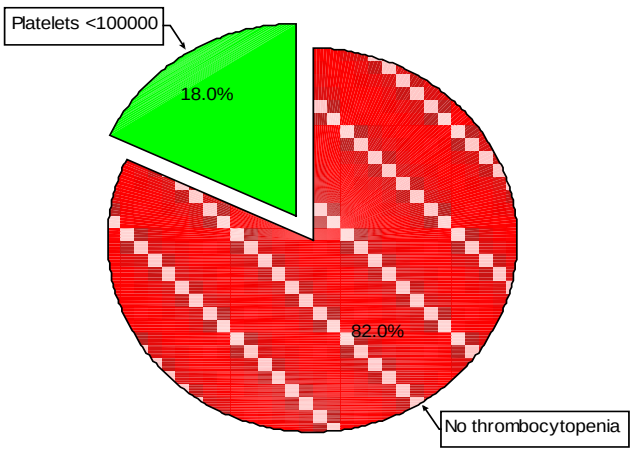

Fig. 10 : Percentage of thrombocytopenia in acute EBV infection.

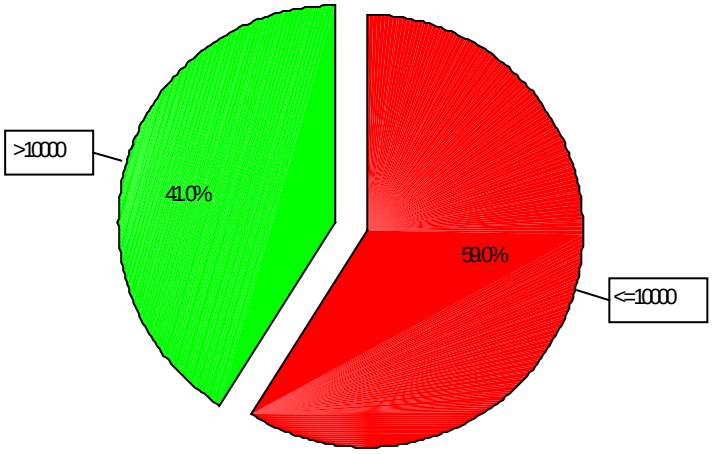

Fig. 11 : Frequency of leukocytosis in acute EBV infection.

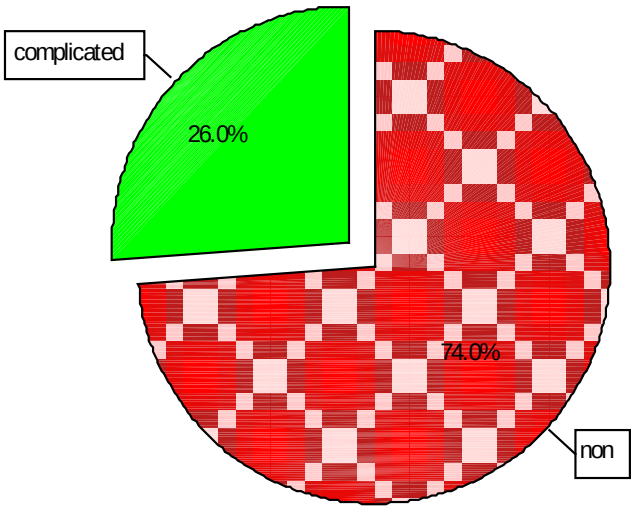

Fig. 12: Frequency and percentage of complicated and non complicated cases in acute EBV infection.

Table 5: Complications which were found in patients of IM due to EBV infection.

complications	Number of cases	percentage
Anemia (Hb< 7 mg/dl)	10/100	10%
Thrombocytopenia (< 100000)	18/100	18.0%
Anemia and Thrombocytopenia	2/100	2.0%
Profound leucopenia (<1500)	2/ 100	2.0%
Neurological complication	0/100	0.0%
Respiratory complication	0/100	0.0%
GIT complication	0/100	0.0%

* The results not mutually exclusive.

Table 6: Relationship between duration of fever and frequency of complication in EBV associated IM.

Duration of fever	Complicated cases		Non complicated cases		Pearson chi square
	Cases	percent	cases	Percent	
< 10 days	7	26.9%	65	87.8%	35.4
>10 days	19	73.1%	9	12.2%	
total	26	100%	74	100%	

The table shows that , duration of fever more than 10 days was highly significant among complicated children compared with non complicated. (P value= 0.00).

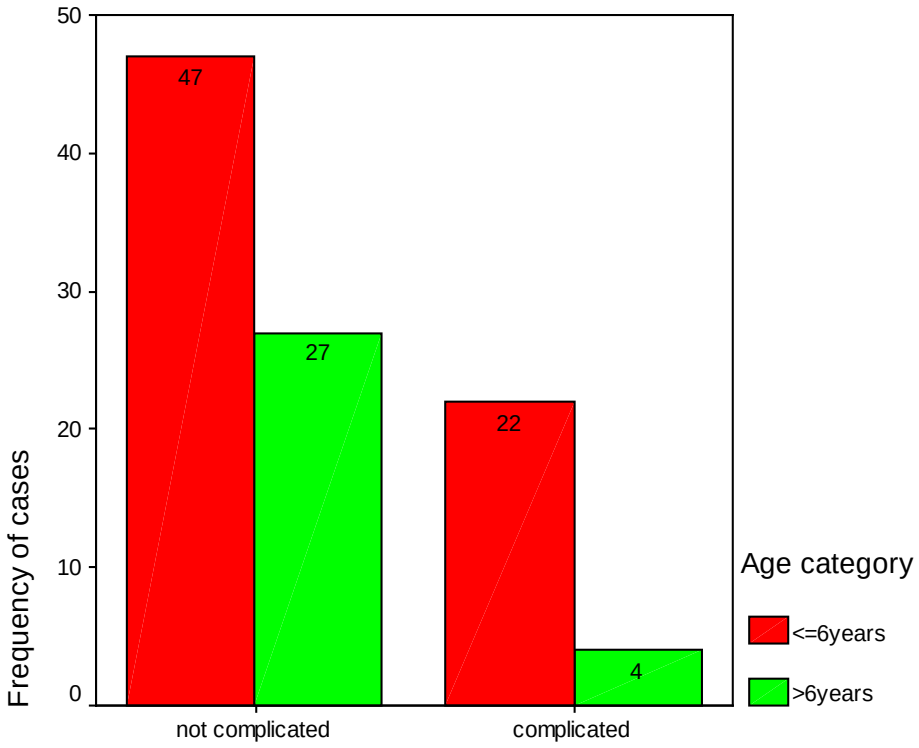

Fig.13: Relationship between age and frequency of complications in patients with EBV associated IM . **Chi-square test** =4.05 .

This figure shows, that children ≤ 6 years had significantly higher complication (which was hematological in this study) than children more than 6 years (p value=0.045).

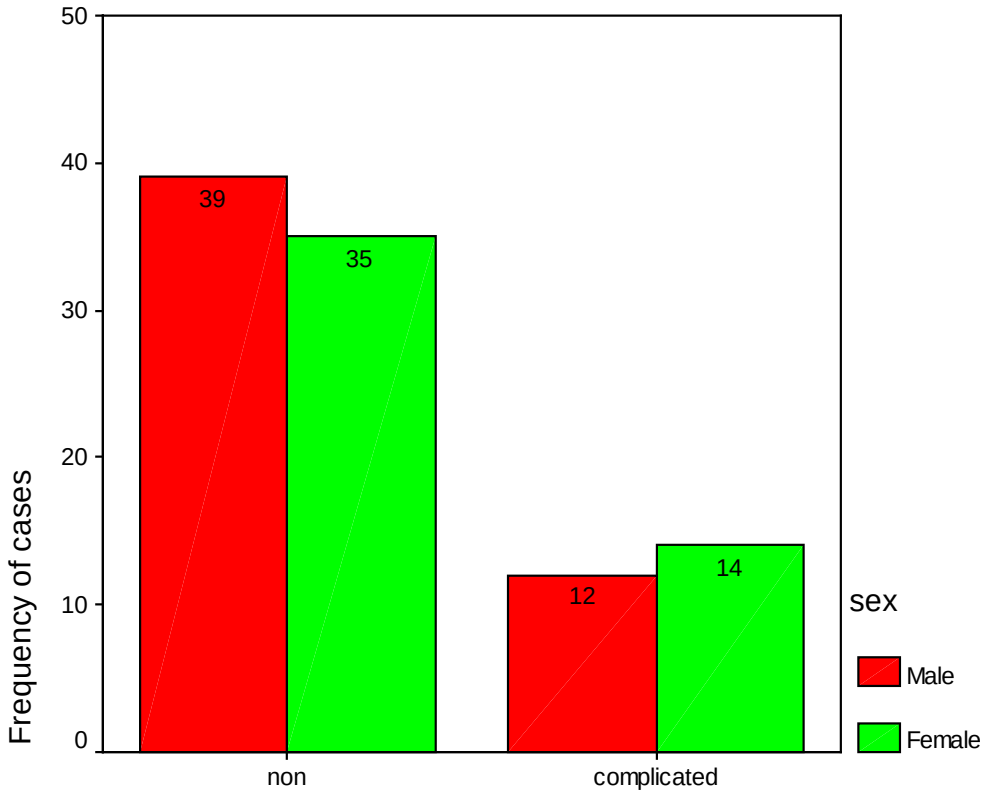

Fig. 14: Frequency of complication in EBV associated IM ,in both sexes.

Qui – square = .330, Fisher's exact test=.651

The figure shows that there is no significant correlation between sex of patients and occurrence of complications in IM patients.

Table 7: Correlation between splenomegaly and frequency of complications among IM patients ,due to EBV infection.

	Present splenomegally		**Absent splenomegaly**		**Total**
	no	**%**	**no**	**%**	
Complicated cases	17	64.4%	9	34.60%	26 (100%)
Non complicated	35	47.3%	39	52.70%	74 (100%)
Chi –square	2.522				

No statistically significant difference between complicated and non complicated cases (p=0.17) , regarding splenomegally.