Bronchogenic Carcinoma and Thromboembolic Disease

To the Editor:—In their report (202:1019, 1967) Byrd and his associates discuss the possibility of survival in carcinoma after a concomitant venous thrombosis is discovered. It is true that in my report of 1949 (New Eng J Med 240:1031, 1949) I pointed out the usual rapid demise of these patients. Since then, however, I have been able to report encouraging survival of two patients, one with carcinoma of the ovary who lived for at least 2 1/2 years after surgery, and another with carcinoma of the stomach who is now alive and well four years after gastric resection (New Eng J Med 274:1389, 1966). This is in line with the moderately encouraging results of Byrd et al and those of Hubay and Holden (Surg Gynec Obstet 98:309, 1954) and of Woolling and Shick (Mayo Clin Proc 31:277, 1956).

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Infectious Mononucleosis In the Preschool Child

To the Editor:—Infectious mononucleosis is said to be most prevalent among adolescents and young adults. At the First International Infectious Mononucleosis Symposium, held in conjunction with the American College Health Association Meeting in March 1967, it was stated that this disease is extremely rare in the preschool child. It is conceivable that this opinion is widely held because many of the reported studies have come from university student health services, where the population is limited to the adolescent and young adult.

Case reports in the pediatric literature show this disease and its various complications do occur at all ages, and experience on this service indicates that infectious mononucleosis in the preschool child is not uncommon. This summary is presented to reemphasize this fact.

During the past five years 25 children under age 14 have been seen who fulfill the three generally accepted criteria for the diagnosis of infectious mononucleosis: (1) clinical manifestations, (2) the presence of an absolute lymphocytosis with atypical lymphocytes present, and (3) an abnormal differential heterophil titer. Eleven children (44%) were less than seven years of age at the time of diagnosis (Table).

These children, plus an additional 30 children under seven years of age who had similar symptoms and peripheral blood patterns, were referred to us as source material for research studies involving children with infectious mononucleosis and children with acute leukemia. Since they were not referred because of any unusual problems, it is reasonable to assume that these cases reflected only a small percentage of those actually seen in the community during the same time.

The most common presenting complaints of the 11 children were fever (ten patients) and enlarged cervical lymph glands (eight patients). Other complaints included anorexia, headache, arthralgia, and sore throat.

On physical examination all of the patients had enlarged anterior and posterior cervical nodes, seven had pharyngitis, five had palpable spleens, and two had hepatomegaly. Transient morbilliform rashes lasting less than 12 to 24 hours were reported by the mothers of several patients, but this manifestation was never observed at the time of examination in the laboratory.

The heterophil agglutination titers are summarized in the Table. Each of the 11 patients cited had a presumptive heterophil titer which was 1:56 or greater, a guinea pig kidney titer of at least 1:28, and a two-tube difference in the guinea pig kidney and beef erythrocyte absorptions. Twenty-two patients had normal differential heterophil titers. The remaining eight patients are listed at the bottom of the Table. These patients either did not have differential absorptions done, or did not qualify as having infectious mononucleosis according to the criteria listed above.

The total duration of illness ranged from two to eight weeks with a mean of four weeks. This is slightly longer than the reported length of illness in older individuals; however, the durations quoted are based only on the mother’s statement as to when she thought the child returned to normal.

Comment:—Eleven patients less than seven years of age had typical infectious mononucleosis. These 11 represent 44% of children under the age of 14 with proven infectious mononucleosis seen at random over a five-year period. It is concluded that infectious mononucleosis in the preschool child is not an uncommon illness and should always be considered in the differential diagnosis of the febrile child with cervical lymphadenopathy, particularly when both anterior and posterior nodes are involved.

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Liver Function Tests and Esophageal Hemorrhage

To the Editor:—In “Sulfobromophthalein” (202:979, 1967) Dr. Charm states that “normal results from a sodium sulfobromophthalein test (BSP) effectively rule out varices [esophageal] as a source of bleeding [upper gastrointestinal].” The BSP and other liver function tests, however, may be normal in hemorrhage from esophageal varices secondary to extrahepatic portal venous block, eg, acquired portal venous thrombosis.

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