

CERVICAL LYMPHADENOPATHY-ETIOLOGY AND MANAGMENT STRATEGY  
(cytomegalovirus,epstein barr virus in correlation with mump)

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**Introduction:**  
Enlargement of single or a group of cervical lymph nodes in the neck can defined as a Cervical Adenopathy .Episodes of reactive lymphadenopathy is a common problem in clinical practice,causes beginning from non specific reactive lymphadenopathy to very malignancy etiology.  
We will present 69 cases with cervical adenopathy but focused in cases with Mononucleosis infectiva after the Mumps in student of higher school (epidemyic of mumps?!!!)

**Patients and methods**  
This cross-sectional descriptive study was conducted in Occupational Health institute of Kosovo in Gjakova city during the period from January through September 2014.The population was patient with CLA (lymph node of>=10 mm age 1-75 year A total 69 patient asked for demographic data and clinical history and using a questionnaire.For every patient five milliliters of blood were obtained from a peripheral vein for determination \* Full blood Count (FBC) \* Serology: EBV ,Toxoplasmosis, CMV, \*Skin test: Mantoux,Lactate dehydrogenase (LDH) \*Imaging: Chest radiography, \*Cervical ultrasound \*Computed tomography.

**Result (tbl1)**  
We studied 69 patients.The age of patients ranged 1-75 year focused in 14 year.male 35 (50.7%) and female 34 (49.3%)The presentation and clinical findings including the affected group of lymph nodes are shown in

	patients (N)	%
Clinical finding		
Anamnesis:		
neck mass	69	100%
fever	32	46.37
headache	23	33.33
loss apetitte	34	49.27
cought	12	17.39
dental caries	11	15.94
arthralgia	2	2.89
losss weight	9	13.04
contact with animals	12	17.39
ca cases in family	4	5.79
tuberculosis contact	3	4.34
Physical examination		
splenomegaly	13	18.84
hepatomegaly	2	2.89
muoth ulcers	2	2.89
impentigo	4	5.79
otitis media	10	14.49
orchitis	7	10.4
Affected group of nodes		
anterior cervical triangle	24	34.78
posterior cervical tri angle	21	30.43
periauricular	2	2.89
ocipital	3	4.34
submenthalis	3	4.34
submandibularis	34	49.27



The clinical characteristics of lymphadenopathy caused by the different causes, in this study, with special reference age, , tenderness and the size of the involved lymph nodes in the cervical region were significantly associated with the causes post mumps in higher school 1999-2000 year.  
In **tbl 2** we have 34 cases of mononucleosis ,every one of them passed a week before mumps. Cases of the younger 15 cases with ac adenitis and non specific hyperplasia and older age patients with 4 cases of lymphoma - etiology statistically expected based on age in case of cervical adenopathy.

Causes of cervical lymphadenopathy					Age group						Total	
Diagnosis					0-10	%	>10-20	%	>20-	%		%
Mononucl eosis					2	2.89	34	49.27	5	7.24	43	56.52
Tuberculo sis					none		2	2.89	2	2.89	4	5.79
ac adenitis					6	8.69	2	2.89	none		8	11.59
Non spec. reactiv hyperplasi a					7	10.14	3	4.34	none		10	14.9
lymphom a					none		none		4	5.79	4	5.79
total					15	21.73	43	62.31	11	15.94	69	100

In **tbl 3** Taken together laboratory values and diagnostic we find very high level of CMV IgG and EBV IgG to patients who pass parotitis epidemica week ago,another laboratory results Is expected for lymphoma to older and ac adenitis to younger patients.

Comparing means of laboratory value in etiologies of cervical lymphadenopathy												
Diferential WCC (% of total WCC)												
	ERS	WBC	Lymph	Neutrofil	CMG IgG	CMG IgM	EBVIgG	EBVIgM	LDH	Amilaza		
Non spec react hyperplasia	32.2(+,-) 1.3	7.4 (- ,+) 4.9	42	58	1.4(+,-)2.0		0,8(=,-)1.3		norm	norm		
Ac adenitis	43.7(+,-)2.9	8.2 (-,+ ) 3.5	56	44					norm	norm		
Mononucleosis	14.2(+,-) 2.4	6.1 (-,+ ) 2.3	44	53	16 (+,-) 2.20	0.07(+,_)0.1	9.3(+,_)2.3	0.03(+,-) 0.2	290	357(+,-)295		
Tuberculosis	62.3(+,-) 1.2	7.2 (-,+ ) 3.5	53	46						norm		
Lymphoma	52.3(+,-) 2.4	5,7 (-,+ ) 1.6	64	36	7.4(+,-) 2.3					norm		

**Conclusion**  
**Specific etiologies of cervical adenopathy can be determined using laboratory and serological test .**  
**Question to discus:**  
**-Does Epstein bar have correlation with mumps|?!**  
**(I finde in literature in very rare causes Epstein bar can cause parotitis epidemica.)**  
**-Does low immunity can expose body to another viral infection?!**  
**-Does after mumps low immunity hep to activate CMV Ig G?!**