



More than Meets the Eye

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Clinical image description

Patient 1: A 15-year old, presented with five days of bilateral eyelid swelling, fatigue, cervical lymphadenopathy and fever. There was no associated pruritis, conjunctivitis or eye pain. There was mild pharyngitis on examination. C-Reactive Protein (CRP) was mildly elevated (24.3mg/L), full blood count and albumin were normal, transaminases were raised (AST 230 U/mL, ALT 218 U/mL), proteinuria was absent. Epstein Barr Virus (EBV) serology was diagnostic of acute Infectious Mononucleosis (IM).

Patient 2: Aged 8 years, presented with seven days of bilateral eyelid swelling. There was non-tender cervical lymphadenopathy, but no fever or pharyngitis. Diagnostic work-up identified transaminitis (ALT 154 U/mL) and lymphocytosis, with atypical lymphocytes on blood film. CRP and albumin were within normal range and proteinuria was absent. EBV serology identified acute IM.

EBV is a commonly encountered herpes virus with seropositivity reaching 90% among adults. Acute infection is known as Infectious Mononucleosis (IM) or glandular fever. Incidence peaks in adolescents, 75% of whom present with the classic IM syndrome characterised by fever, fatigue, tonsillar pharyngitis, and lymphadenopathy. Palpebral oedema is a less commonly recognised sign of EBV infection. It was first described by Hoagland in 1952 and is referred to as the "Hoagland's sign". It appears early in the infection, is usually transient and can be the presenting feature. The aetiology is unknown but it is presumed to be caused by nasopharyngeal viral replication and lymphatic infiltration of lacrimal glandular tissue with resulting dacryoadenitis. Absence of erythema, tenderness, discharge or pain can differentiate Hoagland's sign from other possible differential diagnoses such as allergic reactions, angioedema, periorbital cellulitis, and hypoproteinaemic states.



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These cases highlight the utility of Hoagland's sign as an early clinical indication of EBV infection, prompting specific diagnostics, thus curtailing unnecessary hospitalisation, investigations and antibiotic use.

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