

Mononucleosis and Return to Participation Sports Policy

Purpose

This policy offers guidance regarding safe and timely return to play following an illness of Infectious Mononucleosis (IM or ^ u } v . The policy is intended to ensure the safety of student/athletes, provide guidance to healthcare providers at Health Services and offer a better understanding of IM to those who are involved with student athletes. The policy is based on the natural history of IM, current scientific literature and consensus statements.

Background

The primary factors governing return to play decisions are: The presence of an enlarged spleen (ie splenomegaly) risks of complication and the resolution of acute illness. Splenomegaly occurs to some degree in about 50% of IM cases (Burroughs 2000). The risk of splenic rupture is increased when splenomegaly is present. Though splenic rupture is uncommon (occurring in 0.1-0.5% of all cases (Putukian, 2008)), it carries potentially serious complications including life-threatening bleeding. When splenic rupture does occur it is mainly seen prior to the 3rd week of illness although it has been reported up to 7 weeks (Putukian 2008). Rupture can be spontaneous or associated with modest trauma. Any activity prior to 3 weeks of illness carries an increased risk of splenic rupture. In ultrasound studies spleen size is within 2 weeks of illness and the majority resolved by 4-6