# Mumps

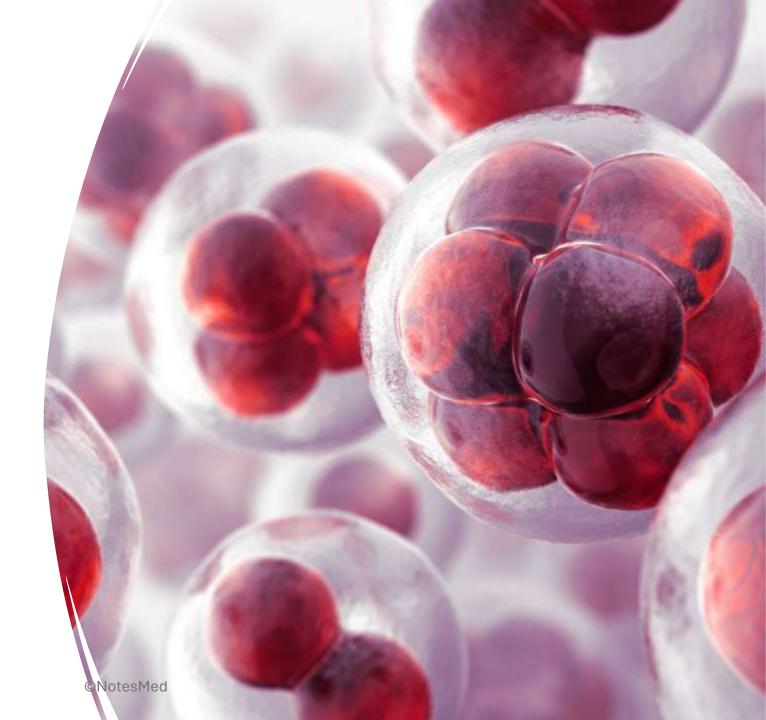
## Mumps

- Painful enlargement of the salivary gland, mainly in the parotid gland
- Organism: Mumps virus, an RNA virus (genus Paramyxovirus in the family Paramyxoviridae)
- Transmission: Inhalation of airborne droplets.
- Incubation period: 2-4 weeks



## Pathogenesis

- Entry of virus
- Virus replicates in the nasopharynx
- Spread to regional lymph nodes
- Finally the organisms spread through blood (viraemia) to different target tissues such as
  - Salivary gland
  - Testes and ovaries
  - Pancreas
  - Thyroid and meninges
  - Heart, Kidney, Liver and joint



# Clinical features

#### Prodromal stage (1-2 days)

 Anorexia, fever, myalgia, malaise, headache, vomiting, sore throat and earache on chewing and swallowing

#### At the end of the prodromal stage:

- Painful swelling of the parotid gland
- Opening of Stensen duct may be red and oedematous

## Diagnosis



#### Mainly clinical with

H/O contact with an affected patient, mainly from school

Characteristic of clinical features



#### **Investigations**

**CBC** 

PBF: non-specific

Serum amylase: raised in both mumps

parotitis and pancreatitis

Serum lipase: raised in pancreatitis but not in

parotitis

ELISA for IgM

Culture: saliva, CSF, blood, urine

### Complications

Orchitis or epididymo-orchitis

Testicular atrophy, but sterility is rare

Oophoritis in females

Aseptic meningitis/Meningoencephalitis

Myocarditis

Transient myelitis

Polyneuritis

Hearing loss

Others: pancreatitis, carditis, thyroiditis, arthralgia, arthritis, and nephritis

Counsel the parents about the disease, its complications

Allow usual diet with intake of plenty of fluid

## **Treatment**

Paracetamol for fever and pain

Encourage maintenance of oral hygiene e.g. warm saline mouthwash, regular tooth brushing

For orchitis: Steroid helps in reducing pain and oedema, but it does not alter the clinical course of the disease or prevent future complications. Prednisolone (40 mg/day) may be used



#### Prevention

- MMR vaccination (2 doses):
  - 1st dose at 12-15 months of age
  - 2nd dose by 4-6 years of age

# Differential diagnosis

Suppurative parotitis

Submandibular lymphadenitis

Recurrent juvenile parotitis

Stensen duct calculus

Cytomegalovirus, Coxsackie virus parotidis



## References

- Ghai Essential Pediatrics-10<sup>th</sup> edition
- Nelson Essential of Pediatrics

