

yet isotope study is 'recommended'. Though the World Body may prefer the isotope study and the medical profession in U.S.A. has given up EEG, uniformity of procedure to define brain death has yet to be reached. If the medical profession in Malaysia decides to accept what was said in Kyoto in 1989, we would definitely apply those criteria to define brain death, at least to be on the right side of legal issue.

Till then we would like to assure Dr. Delilkan that clinical assessment will be used to define brain death and include isotope study as one of the confirmation studies if need arises.

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FULMINANT HEPATITIS DUE TO INFECTIOUS MONONUCLEOSIS

We report an unusual and fatal complication of infectious mononucleosis.

A five year old Chinese boy presented with a three day history of fever, anorexia and vomiting. His younger brother was hospitalised at that time with the diagnosis of infectious mononucleosis.

Clinical examination revealed an alert child with a tinge of jaundice. An erythematous rash was noted over the anterior abdominal wall. Multiple firm, mobile, discrete and non-tender lymph nodes, about 1 cm in diameter, were palpable in the cervical and inguinal regions. The throat was normal. The liver was enlarged 4 cm below the right costal margin in the mid-clavicular line and was soft and non-tender. The spleen was enlarged 4 cm below the left costal margin. A clinical diagnosis of infectious mononucleosis with hepatitis was made.

The relevant investigations revealed raised liver enzymes-aspartate transferase of 370 IU/L and alanine transferase of 270 IU/L. Blood monospot test was negative. Serology for hepatitis B surface antigen, cytomegalovirus, toxoplasmosis, rubella, herpes simplex and syphilis was negative. IgM antibody for Epstein Barr virus was positive. The general condition worsened gradually. Terminally he developed hypokalemia, hyponatremia, melena, haemetemesis, septicemia due to *E. coli* and died four weeks after admission. Post mortem liver biopsy revealed hepatic necrosis mainly in the perivenular area and minimal mononuclear cell infiltrate in the portal tracts.

Fulminant hepatitis is a rare, but recognised complication of infectious mononucleosis.¹ This possibility must be kept in mind in a patient with acute progressive jaundice.

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Reference

1. Chang M.Y., Campbell W.G. Fatal infectious mononucleosis associated with liver necrosis and herpes-like virus particles. *Arch. Pathol* 1975; 99: 185-91.