MUMPS
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• Agent - RNA virus of paramyxoviridae family

• Endemic world over

• Age - 5 -15 years

• Common season – winter and spring

• Transmission - droplets , direct contact with infected saliva

• Period of infectivity – 7 days prior to and 9 days after swelling of parotid glands
CLINICAL FEATURES

• Prodrome
  - Fever
  - Headache
  - Muscle aches, Tiredness, Loss of appetite

• Parotitis
  - Swollen and tender salivary glands with ear protrusion
  - Bilateral (75%) or unilateral (25%)
CLINICAL FEATURES
DIAGNOSIS

- Clinical suspicion
- Significant rise in IgG titer
- IgM antibody
- Real time PCR of oral/buccal swab
- CNS infections usually exhibit a lymphocytic pleocytosis
DIFFERENTIAL DIAGNOSIS

- Cervical lymphadenitis
- Mastoiditis
- Viral meningitis
- Encephalitis
- Epididymorchitis
COMPLICATIONS

- Hearing loss
- Aseptic meningitis - 10% of cases
- Orchitis 20% – 30% but rarely does this lead to fertility problems as majority are unilateral
- Mastitis – 30% in puberty and in a very few cases, inflammation of the ovaries
- Pancreatitis rarely
TREATMENT

- Antipyretics
- Warm or cold packs soothe swollen parotid glands
- Plenty of fluids
- Anti-inflammatory for orchitis
- Hospitalization for complicated mumps
PREVENTION

• Avoid contact with infected persons

• Live attenuated MMR vaccine
  - First dose given at 9 months of age and the second
dose at 15 months of age
Thank You