

Hemorrhagic Kiss: Spontaneous Tonsillar Bleeding in Infectious Mononucleosis – Report of 2 Clinical Cases

CASE REPORT
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ABSTRACT

Spontaneous tonsillar hemorrhage is a rare but potentially life-threatening complication of infectious mononucleosis caused by Epstein-Barr virus (EBV). Early recognition and appropriate management are crucial to prevent morbidity and mortality. 2 clinical cases of spontaneous tonsillar hemorrhage associated with EBV infection was reported. A literature review was performed to contextualize findings and discuss therapeutic approaches. Both cases involved young adults at 19 and 20 years old and presented with oropharyngeal bleeding refractory to topical hemostasis. Both patients required emergency tonsillectomy, corticosteroids, supportive care, and recovered uneventfully. Literature review identified fewer than 20 previously reported cases. Most were managed conservatively, though surgical intervention was necessary in refractory or severe presentations. Spontaneous tonsillar hemorrhage in infectious mononucleosis is rare but may lead to airway compromise and significant blood loss. Conservative measures are the first line and can be effective in selected cases; however, surgical intervention should not be delayed in unstable or refractory patients.

Keywords: Airway management, Epstein-Barr virus, hemorrhage, infectious mononucleosis, tonsil, tonsillectomy

Introduction

Infectious mononucleosis (IM), caused most frequently by Epstein-Barr virus (EBV), commonly presents with fever, pharyngitis, and lymphadenopathy. Spontaneous tonsillar hemorrhage is a rare and life-threatening complication. Although hemorrhage is rarely described in the literature, its occurrence requires early identification and rapid intervention to prevent airway compromise and morbidity. It is aimed to present 2 cases of spontaneous tonsillar hemorrhage regarding clinical presentation, initial management, and follow-up, as well as a review of the relevant literature.

Case Presentations

Case 1

A 20-year-old male presented to the emergency department with a sudden onset of oral bleeding and severe odynophagia. Past medical history included 1 week of sore throat, fever, fatigue, and progressive dysphagia. Physical examination revealed enlarged and erythematous tonsils with active bleeding from the upper left tonsil. Laboratory tests showed:

- Hemoglobin: 13.5 g/dL
- Platelets: $268 \times 10^3/\mu\text{L}$
- White blood cell count: $11.2 \times 10^9/\text{L}$ (atypical lymphocytes: 20%)
- AST/ALT: 150/194 IU/L

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- INR: 1.17, aPTT: 31.1 s
- Positive EBV IgM antibodies

Hemorrhage was initially controlled with local application of adrenaline-soaked gauze and topical ice. However, due to refractoriness of the bleeding, the patient required hemostatic control in the operating room with bilateral tonsillectomy. Intravenous hydration, corticosteroids, and analgesia were also administered. The patient was admitted for inpatient monitoring.

The patient was discharged after 5 days with oral corticosteroid tapering. No bleeding was reported during follow-up.

Case 2

A 19-year-old male was admitted after sudden massive bleeding from the oropharynx, associated with mild shortness of breath. One week prior, he had been observed at another hospital for IM symptoms and was discharged with paracetamol and ibuprofen.

Examination revealed enlarged, symmetrical tonsils with clotted blood surrounding the left tonsil but no signs of hemodynamic instability. Laboratory tests showed:

- Hemoglobin: 10.7 g/dL
- Platelets: $106 \times 10^3/\mu\text{L}$
- White blood cell count: $24.6 \times 10^9/\text{L}$ (atypical lymphocytes: 14%)
- AST/ALT: 186/416 IU/L
- INR: 1.19, APTT: 26.2 s
- Positive EBV PCR

Initial management involved intravenous fluids and corticosteroids. An abdominal ultrasound was requested that showed homogeneous splenomegaly, with the spleen measuring 16.6 cm in bipolar axis, and the liver of maintained dimensions, with regular contours and preserved echostructure.

Noninvasive measures with adrenaline-soaked gauze and topical tranexamic acid and ice were promptly initiated. However, due to persistent bleeding, the patient required surgical intervention with bilateral total tonsillectomy. Postoperative care comprised corticosteroid tapering and close monitoring for complications.

The postoperative course was uneventful, and the patient was discharged after 7 days. Follow-up confirmed complete resolution of symptoms.

Written informed consent was obtained from the 2 patients included in the study.

MAIN POINTS

- *Spontaneous tonsillar hemorrhage is a rare but serious complication of infectious mononucleosis.*
- *Early recognition and airway protection are critical for preventing morbidity.*
- *Conservative management may suffice in mild cases, but surgical intervention is lifesaving in severe or refractory hemorrhage.*
- *Literature remains scarce, highlighting the need for standardized management protocols.*

Discussion

Spontaneous hemorrhage as a clinical feature of infectious mononucleosis is most commonly seen in the literature in the context of splenic rupture or splenic infarction.

Spontaneous splenic rupture is a rare but well-documented and potentially fatal complication, with numerous case reports and systematic reviews summarizing its occurrence, clinical presentation, and outcomes.¹⁻⁵

Both complications are considered rare but important causes of intra-abdominal hemorrhage in patients with infectious mononucleosis.

Hematologic complications such as thrombocytopenia, hemolytic anemia, and disseminated intravascular coagulation have also been described, but overt mucosal or tonsillar hemorrhage is not highlighted as a typical feature in large clinical reviews or systematic studies.⁶ Petechiae may be seen on the palate, but these do not represent clinically significant hemorrhage.⁷

In both cases presented here, EBV was confirmed as the causative pathogen, leading to lymphoproliferative infiltration of tonsillar tissue. This process increases vascular fragility and predisposes to hemorrhage. The risk may be compounded by inflammatory mediators and local trauma.^{8,9}

Among the reviewed cases available in the literature, 5 were managed conservatively using topical vasoconstrictors, corticosteroids, and observation.¹⁰⁻¹⁴ The remaining cases required surgical intervention, most commonly tonsillectomy, due to persistent or severe hemorrhage.¹⁵⁻¹⁷ The decision for surgical management was often dictated by the failure of conservative measures or the presence of hemodynamic instability. Corticosteroids were frequently employed across both groups to reduce inflammation and minimize airway compromise. In the included studies, no significant abnormalities in coagulation parameters were reported, although infectious mononucleosis can impact blood coagulation as described previously.^{6,7,18,19} In the presented cases, there were only mild abnormalities, which did not affect the INR.

Conclusion

Spontaneous tonsillar hemorrhage is a rare complication of infectious mononucleosis, with only isolated case reports describing its occurrence. It usually affects adolescents and young adults, the demographic most frequently affected by infectious mononucleosis.⁸⁻¹⁴

Risk factors for spontaneous tonsillar hemorrhage in this context include severe tonsillar inflammation, necrosis, increased tonsillar vascularity, and friability during acute infection that may predispose to hemorrhage.¹⁵ Other recognized risk factors for tonsillar hemorrhage in general are acute or chronic tonsillitis, abscess formation, or bleeding disorders.^{7,8}

Management strategies are based on supportive care and local hemostatic measures. Initial steps include airway assessment, local pressure, topical vasoconstrictors, and cauterization if necessary. In severe or refractory cases, surgical intervention such as tonsillectomy may be required. There is no evidence supporting the routine use of corticosteroids or antivirals as the treatment of IM itself remains supportive.⁹

These cases contribute to the limited body of literature and highlight the importance of a standardized approach in managing this condition.

Data Availability Statement: The data that support the findings of this case report are available on request from the corresponding author.

Informed Consent: Written informed consent was obtained from the patients who agreed to take part in the study.

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References

1. Toti JMA, Gatti B, Hunjan I, et al. Splenic rupture or infarction associated with Epstein-Barr virus infectious mononucleosis: a systematic literature review. *Swiss Med Wkly.* 2023;153:40081. [\[CrossRef\]](#)
2. Lu Q, Fu W, Ouyang G, Xu Q, Huang D. A case of infectious mononucleosis complicated with spontaneous atraumatic splenic rupture caused by Epstein-Barr virus infection. *J Med Virol.* 2022;94(12):6127-6132. [\[CrossRef\]](#)
3. Bartlett A, Williams R, Hilton M. Splenic rupture in infectious mononucleosis: a systematic review of published case reports. *Injury.* 2016;47(3):531-538. [\[CrossRef\]](#)
4. Nishioka H, Hayashi K, Shimizu H. Case report: splenic infarction in infectious mononucleosis due to Epstein-Barr virus infection. *Am J Trop Med Hyg.* 2021;106(2):623-625. [\[CrossRef\]](#)
5. Heo DH, Baek DY, Oh SM, Hwang JH, Lee CS, Hwang JH. Splenic infarction associated with acute infectious mononucleosis due to Epstein-Barr virus infection. *J Med Virol.* 2017;89(2):332-336. [\[CrossRef\]](#)
6. Ma L. A rare case report of splenic infarction in a previously healthy teenager caused by acute infectious mononucleosis. *Med (Baltim).* 2024;103(31):e39170. [\[CrossRef\]](#)
7. Luzuriaga K, Sullivan JL. Infectious mononucleosis. *N Engl J Med.* 2010;362(21):1993-2000. [\[CrossRef\]](#)
8. Vlastarakos PV, Iacovou E. Spontaneous tonsillar hemorrhage managed with emergency tonsillectomy in a 21-year-old man: a case report. *J Med Case Rep.* 2013;7:192. [\[CrossRef\]](#)
9. Leung AKC, Lam JM, Barankin B. Infectious mononucleosis: an updated review. *Curr Pediatr Rev.* 2024;20(3):305-322. [\[CrossRef\]](#)
10. Rewis K, Yang S, Hurtuk A. A rare manifestation of infectious mononucleosis tonsillitis. *Cureus.* 2023;15(7):e41827. [\[CrossRef\]](#)
11. Rocha SCM, Dell'Aringa AR, Nardi JC, Kobari K, de Melo C. Spontaneous tonsillar hemorrhage. *Braz J Otorhinolaryngol.* 2007;73(2):287. [\[CrossRef\]](#)
12. Koay CB, Norval C. An unusual presentation of an unusual complication of infectious mononucleosis: haematemesis and melaena. *J Laryngol Otol.* 1995;109(4):335-336. [\[CrossRef\]](#)
13. Johnsen T, Katholm M, Stangerup SE. Otolaryngological complications in infectious mononucleosis. *J Laryngol Otol.* 1984;98(10):999-1001. [\[CrossRef\]](#)
14. Sandman C, Mitchell C. Not just a sore throat: a case of spontaneous tonsillar hemorrhage in Acute Mononucleosis Infection. *J Emerg Med.* 2019;57(3):e77-e79. [\[CrossRef\]](#)
15. Wahba A, ElBeblawy R. Spontaneous tonsillar hemorrhage due to infectious mononucleosis. *Cureus.* 2020;12(9):e10367. [\[CrossRef\]](#)
16. Dawlatly EE, Satti MB, Bohliga LA. Spontaneous tonsillar hemorrhage: an underdiagnosed condition. *J Otolaryngol.* 1998;27(5):270-274
17. Bartley DC, del Rio C, Shulman JA. Clinical complications. In: Schlossberg D, ed. *Schlossberg D. Ed. Infectious Mononucleosis. Clinical Topics in Infectious Disease.* New York: Springer; 1989:35-48. [\[CrossRef\]](#)
18. Kumra V, Vastola AP, Keiserman S, Lucente FE. Spontaneous tonsillar hemorrhage. *Otolaryngol Head Neck Surg.* 2001;124(1):51-52. [\[CrossRef\]](#)
19. Salem A, Healy S, Pau H. Management of spontaneous tonsillar bleeding: review [review]. *J Laryngol Otol.* 2010;124(5):470-473. [\[CrossRef\]](#)