

Adenovirus most commonly infects the respiratory system but can also affect the GI tract, causing conjunctivitis as well as cystitis. Pharyngoconjunctival fever is a specific presentation of adenovirus that includes a high fever, pharyngitis, and conjunctivitis. It is often found in summer camps and can be spread via public swimming pools and daycare centers.

Respiratory Syncytial Virus (RSV)

[Super-RV](#)

Respiratory syncytial virus infects upper airway epithelial cells leading to copious secretions, coughing, sneezing, and wheezing in patients. It primarily affects infants and young children with a peak incidence between 2 to 7 months of age. It affects more males than female infants, occurs less frequently in breast-fed infants, and has a peak incidence during winter and spring. Most cases of bronchiolitis are caused by RSV, but RSV can also cause atypical pneumonia.

Cytomegalovirus (CMV)

[Side-toe-mega-virus](#)

CMV can also cause pneumonia and inflammation of the retina and esophagus in the immunosuppressed.

Influenza

[Flute Virus](#)

The influenza virus is one of the most common causative agents of seasonal pneumonia. Patients can present with headache, malaise, fever, chills, myalgias, and anorexia. In younger age groups it may present as bronchiolitis, croup, otitis media, or vomiting.

Presentation

Dry Cough

[Cotton-dry Coffee-pot](#)

Patients with atypical pneumonia may complain of dry cough. This varies in the severity from mild to very severe hacking cough.

Treatment

Macrolides

[Macaroni-lights](#)

Macrolides are a group of antibiotics whose activity stems from the presence of a macrolide lactone ring. Commonly used macrolides include erythromycin, azithromycin, and clarithromycin.