

## Dengue fever

*To the Editor*—I read with interest the article by Chuang et al on “Review of dengue fever cases in Hong Kong during 1998 to 2005”.<sup>1</sup> They have provided an excellent overview of the epidemiology, clinical, laboratory findings, and outcomes of patients presenting in their hospital with dengue. In India, dengue fever is endemic in many places like Mumbai and we see numerous patients with dengue fever in our institution every year, which is why I would like to share my experiences in this regard.

‘Dizziness’ due to postural hypotension is an early symptom indicative of possible significant hypotension later in the course of the disease. We usually admit patients who come to the out-patient clinic with this complaint and monitor them for 24 hours. This policy of anticipatory admission in our institution has reduced mortality from dengue to a significant extent.

It has been observed that the platelet counts in dengue patients do not correlate well with clinical bleeding.<sup>2</sup> Also repeated platelet transfusions are known to cause acute respiratory distress syndrome and acute lung injury.<sup>3</sup> Thus, platelet transfusions are

generally given only when there is evidence of clinical bleeding or when planning an invasive procedure.

Platelet refractoriness defined as the repeated failure to obtain satisfactory responses to platelet transfusions can be encountered in dengue fever due to alloimmunisation secondary to repeated platelet transfusions. This may lead to fatal complications like intracranial bleeding, and can be prevented by recourse to leukocyte-depleted blood products.<sup>4</sup> Intravenous gamma globulin has also been proposed as a modality of treatment in such cases.<sup>5</sup>

The presence of retinal bleeds alerts to the possibility of intracranial bleeding and this entity is known as Terson syndrome. Hence in dengue fever regular fundoscopy is a way to screen for intracranial bleeding.<sup>6</sup>

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