

**A PATIENT WITH EXPANDED DENGUE SYNDROM**

**Kirnia Tri Wulandari, Tikto**

RSUD Dolopo

E-mail: kirnia.wulandari@gmail.com, puskgantrung@gmail.com

**Accepted:**

**Abstract**

**Revised:**

**Approved:**

*EDS is an atypical manifestation of dengue infection that affects a variety of organ systems including gastrointestinal, hepatic, neurological, cardiac, pulmonary, and renal. It is one of the leading causes of hospitalization and death in children. A number of hypotheses have been proposed, but multifactorial pathogenesis. Severe cases can be expressed with petechiae, epistaxis, gastrointestinal hemorrhage, ascites, pleural effuse, heart attack, hypotension, tachycardia, changes in consciousness, fulminant hepatitis, and myocarditis. EDS-shaped organ dysfunction may require multidisciplinary management support for aggressive and effective action. The baby girl, An.P, 10 months old, came to the ER with a high fever since 4 days before KRS. High fever accompanied by vomiting and diarrhea. From a physical examination, the general condition of mentis compost, pulse, and breathing within normal limits. There are no epistaxis. The laboratory showed platelets of 100,000  $\mu$ /L, hematocrit 35.5%, hemoglobin (Hb) 12.3g/dL. Patients are diagnosed with dengue fever. in the same case that occurs in Mexico this is a case where patients with fever and headache. Patients exhibit neurological damage in which cranial Computerized Axial Tomography (CAT) reveals severe cerebral edema. Platelets 143,000  $\mu$  /L, Hb 10.6 g / dL, reported serologic NS1 positive. Patients die five days after hospital admission. Low incidence of EDS due to asymptomatic and easily missed diagnosis. This case has multi-organ failure. neurological manifestations such as seizures and decreased consciousness, gastrointestinal manifestations such as ascites and gastrointestinal bleeding, lung manifestations such as dyspnea. Conditions worsen in a fast time.*

**Keywords:** Patient, Expanded and syndrome



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International

## **A Patient With Expanded Dengue Syndrom**

### **INTRODUCTION**

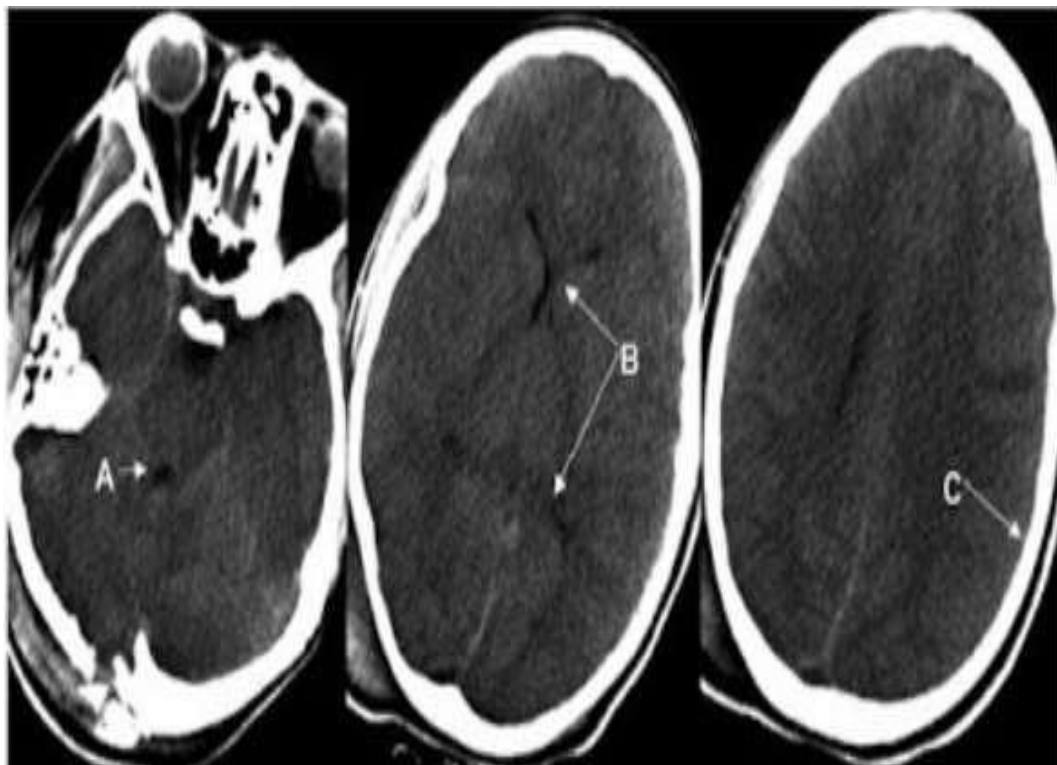
EDS is an atypical manifestation of dengue infection that affects a variety of organ systems including gastrointestinal, hepatic, neurological, cardiac, pulmonary, and renal. It is one of the leading causes of hospitalization and death in children. A number of hypotheses have been proposed, but multifactorial pathogenesis. Severe cases can be expressed with petechiae, epistaxis, gastrointestinal bleeding, ascites, pleural effuse, heart attack, hypotension, tachycardia, changes in consciousness, fulminant hepatitis, and myocarditis. Organ dysfunction-shaped EDS may require multidisciplinary management support for aggressive and effective action.

### **RESEARCH METHOD**

The baby girl, An.P, 10 months old, came to the ER with a high fever since 4 days before KRS. High fever accompanied by vomiting and diarrhea. From a physical examination, the general condition of mentis compost, pulse, and breathing within normal limits. There are no epistaxis. The laboratory showed platelets of 100,000  $\mu$ /L, hematocrit 35.5%, hemoglobin (Hb) 12.3g/dL. The patient was diagnosed with dengue fever. Patients are given infusion of Ringer Lactat and antipyretics. After 2 days of hospitalization, the condition worsens with the appearance of seizures and decreased consciousness. Oxygen therapy and diazepam injection are given. An hour later, the patient had dyspnea. Laboratprium results show patelet 29,000  $\mu$ /L. Somnolen patients, increased respiration and interconstal retraction. Intravenous (IV) fluids are replaced with gelafusin and dexamethasone injection therapy is given. 6 hours later, the patient was melena and hb levels were low (6.6 g/dL). Patients sopor and desaturase. Patients get a two-track infusion and a blood transfusion. The apnea patient an hour later and died

## RESULT AND DISCUSSION

In the same case that occurs in Mexico this is the case where the patient with fever and headache. Patients exhibit neurological damage in which cranial Computerized Axial Tomography (CAT) reveals severe cerebral edema. Platelets 143,000  $\mu$  /L, Hb 10.6 g / dL, reported serologic NS1 positive. The patient died five days after hospital admission. Cases of dengue fever with neurological manifestations have a higher risk of death, as reported in a study in Brazil, with a mortality rate of 1.9%.



## **A Patient With Expanded Dengue Syndrom**

### **CONCLUSION**

Low incidence of EDS due to asymptomatic and diagnosis is easily missed. This case has multi-organ failure. neurological manifestations such as seizures and decreased consciousness, gastrointestinal manifestations such as ascites and gastrointestinal bleeding, lung manifestations such as dyspnea. Conditions worsen in a fast time.

### **REFERENCES**

- Gubler DJ, Epidemic dengue/Dengue Hemorrhagic Fever as Public Helath.  
Social and Economic Problem in 21st Century, Trends in Microbiology, Vol  
10 (2), February, 2007: 100-103.
- IDAI, 2014. Pedoman Diagnosis dan Tatalaksana Infeksi Dengue pada Anak;  
UKK Infeksi dan Penyakit Tropis, IDAI
- WHO Regional Office for South-East Asia, 2011, Comprehensive Guidlines for  
Prevention and Control of Dengue and Dengue Haemorrhagic Fever. New  
Delhi; WHO, SEARO, Resived and Expanded Edition..