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Concurrent Dengue Infection and Enteric Fever. A Case Series

Abstract

Fever is often the symptom that prompts patients to seek medical care. Classic typhoid fever begins with a remittent fever pattern that becomes sustained over the first few days of illness. Dengue virus infection may be asymptomatic or may lead to undifferentiated febrile illness, dengue fever, or dengue hemorrhagic fever depending largely on age and immunological conditions. Four cases of concurrent enteric fever and dengue virus infection are reported. Among these cases three had prolonged fever around 9-13 days, and were therefore suspected for typhoid fever. Blood cultures yielded S. typhi in 3 cases and S.paratyphi in one. Since patients in this series served as controls in a study of dengue infection, a serologic assay (dengue rapid test) was assigned, by which antidengue IgM were detected in all cases, along with a positive HI test in one case, compatible with a primary infection. Clinical manifestations included prolonged fever in 3 cases, along with abdominal pain, anorexia and liver enlargement. In all but one case there was evidence of nausea, vomiting, headache, and two children showed change in mental status. Obviously there were no signs of bleeding, nor was there evidence of plasma leakage. Two cases were afebrile when discharged, while in the other two, low-grade fever persisted when discharged on request. Taking into consideration that the predominating anti-dengue immunoglobulin was of the IgM isotype, dengue virus infection was presumed to be recent primary infection. Dealing with prolonged fever should always alert the physician of other serious infections, which may be potentially fatal if not promptly recognized and treated. From the epidemiology point of view, family members often manage dengue fever symptomatically, and consequently the diagnosis of dengue infection will be overlooked, remaining unreported.

Keyword: dengue, infection, enteric, fever, prolonged, concurrent infection

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