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Case Report: DENGUE FEVER WITH PERIMYOCARDITIS

Case Report: DENGUE FEVER WITH PERIMYOCARDITIS

Abstract

Perimyocarditis (PM) is one of the complications of dengue hemorrhagic fever (DHF). This complication is often not be diagnosed because clinicians often focused on dengue shock syndrome (DSS) with similar clinical picture. It is reported that more than 70% of patients who experienced dengue hemorrhagic fever (DSS) is accompanied by the PM, although the PM can also occur without DSS. The clinical presentation of PM vary from mild clinical symptoms to cardiogenic shock. The virus group of B Arthropod borne virus (Arbovirus) type DEN-2 and DEN-3 is the cause of DHF that often lead to PM. PM diagnosis was based on the existence of signs of myocarditis and pericarditis. Pericarditis is a continuation of the occurrence of myocarditis. Myocarditis symptoms such as tightness, palpitations, chest pain, ECG changes, left ventricular dysfunction, and increase in cardiac markers (CKMB/troponin) or there is a profile of myocarditis in MRI. Acute pericarditis is diagnosed if there are at least two criteria of the clinical manifestations: chest pain, frictional rub on auscultation, ECG changes such as ST elevation, and the presence of pericardial effusion in the echocardiography. PM treatment is using NSAIDs, corticosteroids, and immunosuppressants if needed.

(FMI 2015;51:118-124)

Keyword : DHF, DSS, pericarditis, myocarditis, ,

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