

A case of dengue haemorrhagic fever and appendicular abscess

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There are very few reports of dengue haemorrhagic fever (DHF) occurring together with another infection¹. We wish to report a case of DHF and a pelvic appendicular abscess occurring simultaneously.

Case report

A nine year old boy from Dematogoda was admitted to the Lady Ridgeway Hospital on 27th June, 2001 with fever of 1 week duration, vomiting of 3 days duration and abdominal pain of 1 day duration. The child was febrile, flushed and ill looking. There was tender hepatomegaly. The blood pressure was 120/80 mm mercury. The Hess' test was positive.

The haematocrit (PCV) was 43%, the haemoglobin (Hb) 15 g% and the platelet count $61 \times 10^9/l$. A chest x-ray taken in the right recumbent position showed a lamellar pleural effusion. The white cell count was $6.8 \times 10^9/l$ (N 26%, L 74%). The SGPT was 9 IU/l.

A diagnosis of DHF was made and the child was started on IV Hartmann's solution and 5% dextrose 2 ml/kg/hr. After 48 hours the drip was discontinued. At this stage the PCV was 34% and the platelet count $230 \times 10^9/l$ and the vital signs were stable. The fever, however, was continuing.

On 30th June, the child developed loose motions accompanied by high spiking fever. He passed 10-20 mucoid stools per day. The white cell count was $9.4 \times 10^9/l$ (N 71%, L26%, E3%) with toxic granules. The Hb was 10.7 g% and the platelet count $290 \times 10^9/l$. The stools culture was negative. He was re-started on IV Hartmann's solution and he was additionally given IV gentamicin. However, the condition did not improve and on 3rd July he had abdominal distension with diffuse tenderness of the abdomen with guarding.

An urgent ultrasound scan of the abdomen was done which showed a pelvic abscess. The child was then transferred to the casualty surgical ward for further management.

An exploratory laparotomy was done on 4th July, 2001. A pelvic abscess with copious pus, a ruptured appendix with mass formation and generalised peritonitis were found. The pus was drained out and retrograde appendectomy was done. Klebsiella species and streptococcal species were isolated from the pus. He was treated with IV antibiotics and IV metronidazole and discharged from hospital on 14th July, 2001.

Dengue serology revealed evidence of recent secondary dengue infection. The dengue IgM test was positive and the haemagglutination test showed a fourfold rise in antibody titre with both the acute and convalescent titres exceeding 1:2560².

Since acute abdominal pain and tenderness are a feature of DHF it may mimic an 'acute abdomen'. However, this is the first reported case of DHF co-existing with an appendicular abscess.

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