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International Journal Of Medical And Clinical Case Reports



Dengue Unmasking Ulcerative Colitis



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ARTICLE INFO

Article history:

Received 30 January 2021

Accepted 22 February 2021

Revised 25 February 2021

Available online 27 February 2021

ABSTRACT

Gastrointestinal manifestations of dengue fever are mainly in the form of Gall bladder wall edema, ascites, transaminitis and rarely GI bleeding. Pre-existing gastrointestinal lesions may bleed during the episode of Dengue. We report a 32 yr old man with dengue fever presenting with lower gastrointestinal bleeding & colonoscopic features of ulcerative colitis. Dengue fever had unmasked underlying Ulcerative colitis in this patient.

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1. Case Report

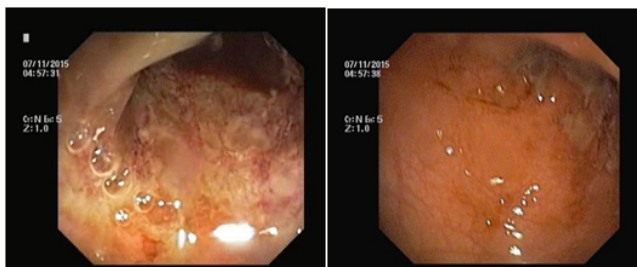
A 32 year old Male, presented with high grade continuous fever for 2 days followed by 30 episodes of fresh bleed per rectum (small quantity 3-5 ml/episode). Bleeding per rectum was associated with lower abdominal pain, occasional loose stools & feeling of incomplete defecation. He had no significant medical illness in the past. On examination he was febrile, vitals stable and he had signs of dehydration. Systemic examination: CVS - S1, S2 heard no murmurs. RS - NVBS, no additional sounds. Per abdomen - tenderness in the right and left iliac fossa, umbilical region, suprapubic region and he had no organomegaly. Per Rectal examination - Peri-anal skin normal. No fissures. Proctoscopy - Grade 1 internal haemorrhoids noted. No active bleeding [1-8].

Blood investigations on admission: Hb-12.9 g/dl, PCV-39.1, TLC-13,200 cu.mm, DC-P_{65.8}-L_{20.3}-M_{13.1}-E_{0.6}-B_{0.2}, Platelet count-57000, ESR-8 mm in 1 hour, RBS, LFT, aPTT & PT normal, Urea-10 mg/dl, Creatinine-1.09

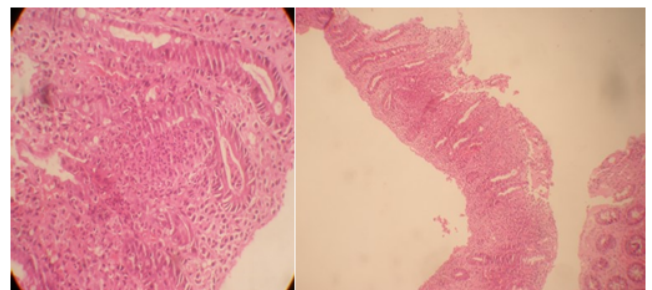
mg/dl. Serum electrolytes were normal. HIV, HBsAg, HCV-Non Reactive, ECG-normal, Ultrasound abdomen normal. Stool -RBCs and mucus present, no ova and cyst. Stool culture - Negative for *Shigella*, *Salmonella* and *E. coli*. Dengue Serology: IgM & IgG (+ve), NS 1 Antigen (-ve); Sigmoidoscopy: Rectum - mild inflammation; Sigmoid - severe mucosal inflammation, granularity and ulcerations present. And mucosa bleeds on touch. Biopsy report: Ulcerative colitis.

2. Discussion

Complication of Dengue fever can affect various organs. Gastrointestinal complications like transaminitis, Gall bladder wall edema, and mild to moderate ascites are common. Cardiovascular and neurological complications can also occur. Some can manifest with melena due to upper GI bleed. Here we present a case of hematochezia due to bleeding from Ulcerative colitis lesions in sigmoid colon provoked by severe thrombocytopenia due to dengue.



Figures: Colonoscopy Findings



Figures: Histopathology Finding

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3. Conclusion

Any unusual bleeding in thrombocytopenia, think also of other structural causes.

Acknowledgement

We thank anonymous referees for thie ruseful suggestions.

Conflict Of Interest

None

Ethical Approval

None

Source of Funding

None

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