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CLINICAL AND LABORATORY PROFILES OF DENGUE FEVER (DF) AND DENGUE HEMORRHAGIC FEVER (DHF) IN PATIENTS IN GAMPAHA AND NEGAMBO HOSPITALS IN SRI LANKA

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Dengue fever (DF) is one of the most common arboviral diseases seen in many tropical regions of the world. Dengue has become the leading infective cause of morbidity and mortality in Sri Lanka. The current study was undertaken to determine the clinical and laboratory profiles of DF and Dengue hemorrhagic Fever (DHF), for a better pattern recognition by clinicians.

This study was a hospital based, cross sectional prospective study conducted at Gampaha and Negambo General Hospitals from July 2011 to May 2012. Laboratory investigations were carried out in DF/DHF suspected patients included hemoglobin, total leukocyte count, haematocrit, platelet count, liver function analyses. Blood samples were collected from DF/DHF suspected patients between fever days 2 to 7 admitted to Gampaha Hospital (n=88) and Negambo Hospital (n=204). Data was collected using a CDC style questionnaire and analyzed using Minitab, Version 14.

There were 67% (n=195) males and 33% (n=97) females (n = 292 Age range = 6 months - 66 years; Mean = 15.6; Median = 11; SD = 13.1). Fever was noted in 98% of patients. Headache was noted in 89% cases. Retro orbital pain was present in 26%. Arthralgia and myalgia were experienced by 70% and 71%, respectively. Rash was present in 19% and pleural effusion was present in 9% of patients. Ascites and hepatomegaly were noted in 6% and 1.4%, respectively. Of the patients initially diagnosed as having DF, 28% cases progressed to DHF and 60% had DF. The rest (12%) was other viral fevers and fever + thrombocytopenia. The lowest WBC was 0.98 x 10^3/ml. Platelet count was (<100,000) in 58% cases. Based on the IgM/IgG profile 5% (8/174) of DF cases were primary and 8 % (13/174) were secondary; of DHF cases, 8% (6/80) resulted from primary and 10% (8/80) resulted from secondary infections. Majority of study subjects were males and the most common clinical feature was fever with headache, myalgia, arthralgia and retro orbital pain.

It is important to have quick and complete clinical and laboratory support to reduce the risk of death caused by DF/DHF. Studies like this would help physicians to improve surveillance and diagnostic systems in place to contribute positively to the prevention of DF/DHF and also to improve DF/DHF awareness in the country.

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