



Acute ST Elevation AAMI with Severe Thrombocytopenia in Dengue Fever is Rare – Case Report

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ABSTRACT

Occurrence of ACS-AAMI in severe thrombocytopenia –dengue fever is rare. In the presence of severe thrombocytopenia will lead to coagulopathy may cause bleeding, but developing STEMI is rare.

KEY WORDS: ACS-AAMI –STEMI, severe thrombocytopenia in dengue fever

INTRODUCTION

Dengue, an arthropod-borne viral infection of humans, dengue viruses are transmitted by the bite of the *Aedes aegypti* mosquito infected by the one of the four dengue virus serotypes: dengue-1, -2, -3, and -4.

Clinical manifestations include fever, headache, retro-orbital pain, rash, severe myalgia, and arthralgia. A more severe clinical presentation, dengue haemorrhagic fever/dengue shock syndrome (DHF/DSS), is characterized by increased vascular permeability, thrombocytopenia (platelets <100,000), bleeding tendency, and, in a small percentage of patients, circulatory shock.

Cardiac involvement in dengue are myocarditis, cardiac failure has been reported in some studies, the pathogenesis of myocardial lesions has not been elucidated. I present a rare case of an acute AAMI –STEMI in dengue fever with severe thrombocytopenia.

CASE REPORT

A 75 years old male admitted in ward with h/o fever, generalized tiredness, body ache for four days duration. He is a normotensive, non DM, smoker. On examination not anaemic, no jaundice, no clubbing, no lymphadenopathy, CVS – S1 S2 heard, no murmur, R2 – V6, air entry equal, no added sounds, PA – soft, no tenderness, no free fluid, CNS – no focal neurological deficit.

Vital signs, BP 110/70 mmHg, PR 80/m, SpO2 98%, RR-15/m.

Investigations Hb 11 gm%, WBC 3000/cumm, platelet count 13000, RBS 120 mg, urea 26 mg, creatinine 0.9 mg, Na 135 meq/l, K 4.2 meq/l, Cl 104 mg/l, LFT normal, dengue card test - reactive, urine routine normal.

Patient developed sudden onset of severe chest pain associated with dyspnoea, after three days. Patient transferred to ICU, ECG shown ST, tall peaked tented T wave in V1- V5, SpO2 84%, RR 30/m, BP 100/70 mmHg, Echo – mid, distal IVS, apex hypokinesia, mild LV dysfunction, LVEF-45%, Troponin I – 10 ug/l

Patient managed with iv diuretics, t.atorva, other supportive measures, not given any anti platelets, anti thrombotics because of severe thrombocytopenia .patient improved well.

CONCLUSION

Occurrence of Acute St Elevation Awmi in Severe Thrombocytopenia in Dengue Fever is Rare. Physician Should Keep In Mind of Acs, Not Only Myocarditis.

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