

## Correspondence

### Dengue fever in Saudi Arabia

#### To the Editor

The study on dengue fever is very interesting.<sup>1</sup> Badreddine et al<sup>1</sup> noted that “abdominal pain and vomiting, thrombocytopenia, and elevated alanine aminotransferase (ALT) are typical of severe infection, which is more likely to be associated with significant morbidity and mortality.” We would like to share ideas and experience of this topic. Indeed, dengue fever is the present global public health problem. Expanded endemic area of dengue and imported cases result in new emergence of dengue worldwide. The dengue hemorrhagic fever (DHF) is not uncommon in endemic area and the case might have atypical clinical presentation. The diagnosis of dengue require recognition of the practitioner and the prompt fluid replacement therapy is the key point for management of dengue.<sup>2</sup> Focusing on atypical clinical presentation, gastrointestinal symptom or abnormal liver function test is not uncommon and can be easily missed.<sup>3</sup> Sometimes, a more uncommon presentation such as hypermenorrhea or hematuria can be the solitary presentation of the patient.<sup>4</sup> Afebrile dengue is also possible and the diagnosis is very difficult.<sup>5</sup> Due to the expansion endemic area of dengue, dengue should be included in differential diagnosis on any patient with acute febrile illness.

Beuy Joob

Medical Academic Center  
Bangkok, Thailand

ORCID ID: [orcid.org/0000-0002-5281-0369](https://orcid.org/0000-0002-5281-0369)

Viroj Wiwanikit

Hainan Medical University  
Hainan Sheng, China

#### Reply from the Author

Thanks for your valuable point. Regarding severe dengue fever, we found that these parameter where consistent with severe dengue fever, it is essential for clinician to be aware; however, as you mentioned awareness is very essential specially in endemic areas due to unusual presentation. The findings of this study emphasized that Saudi nationals are at significant risk of dengue infection, which is important for health care profession also to recognize and may help the development of effective eradication strategies.

In our series, 3 adult patients had confirmed prior diagnosis of dengue and did not develop DHF in subsequent infection, the sample size is too small to make valid conclusion, but is worth mentioning.

Fahmi Al-Dhaheri

Department of Medicine  
Dr. Soliman Fakieh Hospital  
Jeddah, Kingdom of Saudi Arabia

#### References

1. Badreddine S, Al-Dhaheri F, Al-Dabbagh A, Al-Amoudi A, Al-Ammari M, Elatassi N, et al. Dengue fever. Clinical features of 567 consecutive patients admitted to a tertiary care center in Saudi Arabia. *Saudi Med J* 2017; 38: 1025-1033.
2. Wiwanitkit V. Dengue fever: diagnosis and treatment. *Expert Rev Anti Infect Ther* 2010; 8: 841-845.
3. Wiwanitkit V. Liver dysfunction in Dengue infection: an analysis of the previously published Thai cases. *J Ayub Med Coll Abbottabad* 2007; 19: 10-12.
4. Wiwanitkit V. Bleeding and other presentations in Thai patients with dengue infection. *Clin Appl Thromb Hemost* 2004; 10: 397-398.
5. Wiwanitkit S, Wiwanitkit V. Afebrile dengue: An easily forgotten manifestation. *Ann Trop Med Public Health* 2013; 6: 686.