

Background

Dengue, a prevalent mosquito-borne infection in Sri Lanka, can lead to a range of outcomes. While many cases show no symptoms, some can experience severe illness and even death. On another note, Immune Thrombocytopenic Purpura (ITP) is an autoimmune condition characterised by reduced platelet levels and bleeding in the skin and mucous membranes. While the exact pathogenesis is not fully understood, numerous preceding viral infections have been linked to the development of ITP. ITP has rarely been reported as a consequence of dengue infection. We herein report a case of ITP following uncomplicated dengue viral infection.

Case Summary

A 43-year-old woman with diabetes and hypertension presented with fever for 5 days, petechial rash in her lower limbs for one day, and one episode of a small amount of hemoptysis. There were no other features of connective tissue diseases. Her investigations revealed severe thrombocytopenia without other cell line involvement. Blood picture and bone marrow biopsy showed possible immune-mediated peripheral destruction of platelets. Dengue IgM serology turned out to be positive indicating an acute dengue infection. Other common etiological investigations showed no abnormalities. She was managed with IV immunoglobulin followed by oral prednisolone. She showed remarkable recovery with time.

Conclusion

When a febrile patient presents with bleeding manifestations and severe thrombocytopenia, ITP should be considered. Dengue viral infection could be considered as a possible aetiology ITP, especially in endemic areas.