Abstract

Dengue fever (DF) is a one of the commonest viral infections in our country. It is caused by dengue virus which belongs to *Flaviviridae* family. DF is caused by four different serotypes of dengue viruses. There are identified as DENV-1, DENV-2, DENV-3 and DENV-4. Srilanka has an outbreak of dengue for more than 10 years. It has been recognised Dengue virus serotype 2 (DENV-2) as the strain in this current outbreak of most of our areas (1). Viral transmission to human occurs via the bite of infected *Aedes egypti* and *Aedes albopictus* mosquitos. This female mosquitoes can feed both indoors and outdoors mostly in the daytime period. Dengue fever is commonly a self-limiting viral infection. But in rare circumstances dengue causes severe sequelae like immune thrombocytopenia (ITP). Primary ITP is acquired disease due to autoimmune mechanisms leading to destruction of platelets and platelet underproduction which is not triggered by any other associated illnesses. When it is associated with any another condition such as systemic lupus erythematosus, AIDS, chronic lymphocytic leukemia or hepatitis C, it is called as secondary ITP (2). Dengue also can lead to secondary ITP.

Here we are reporting a case of ITP which is secondary to dengue fever. Our client is a 26 year old female presented with bleeding manifestation and thrombocytopenia. She gave a history of dengue fever for which she was treated three weeks back. Dengue fever was confirmed with the positivity of Dengue IgM antibody at the time of diagnosis and Dengue IgG antibody was not detected. She was followed up after discharge to ensure her platelet count bounds back to normal and she was discharged after making sure that her platelet count has normalized. She presented this time with ITP following three weeks of her initial presentation. Her platelet count was dropped significantly and she was treated with steroids and the immunoglobulin. Prednisolone was tailed off and stopped after six months of initiation because platelet count was maintained within low normal limit with maintenance dose of steroids without relapse for 6 months. Now she is maintaining her platelet without immunosuppression.