

SUMMARY

A 17 year old previously healthy female presented with fever for 3 days with arthralgia and myalgia without any focus of infection such as lower respiratory tract infection, upper respiratory tract infection or urinary tract infection. She was haemodynamically stable.

The dengue NS1 antigen was positive and was managed as dengue. The platelet count showed a progressive drop and on the 5th day she has developed features of leaking with rising haematocrit (HCT) and ultrasonographic evidence of free fluid in the abdomen and clinical pleural effusion.

During the critical phase, she had maintain a stable vital parameters with adequate urine output. Platelet count continued to drop with stable HCT. She had developed the complication of dengue hepatitis.

But she was continuously having high spike fever with productive cough and mild difficulty in breathing. On examination she was pale with stable vital parameters and bilateral pleural effusion. Abdominal examination revealed mild splenomegaly and evidence ascites.

Investigations at this point revealed bicytopenia, elevated serum ferritin and elevated fasting triglyceride level with haemophagocytosis in the bone marrow examination.

The diagnosis of haemophagocytic lymphohistiocytosis was made and she was managed in ICU with IV immunoglobulin and dexamethasone with antibiotic cover. She showed a marked recovery with this treatment for 10 days.

Then she was discharged and dexamethasone was tailed off over seven weeks. She had complete clinical, haematological and biochemical recovery at four weeks.