

Dengue fever associated with a haematoma of the rectus abdominis muscle

Y Ganeshwaran¹, S M Seneviratne¹, R Jayamaha¹, A P De Silva² and W K Balasuriya³

(Index words: Thrombocytopenia, aspirin therapy, retching)

Summary

We describe a patient with dengue fever with a haematoma of the rectus abdominis muscle, due to a tear in the inferior epigastric artery following episodes of retching. From the literature reviewed, we noted that there are no previous reports of dengue fever associated with muscle haematomas.

Introduction

Dengue virus infections are a significant cause of morbidity and mortality in many countries including Sri Lanka. Dengue virus infection gives rise to three main clinical entities: dengue fever dengue haemorrhagic fever and dengue shock syndrome. Typically, it is an acute febrile illness characterised by frontal headache, retro-ocular pain, muscle and joint pain, nausea, vomiting and rash. Thrombocytopenia, impaired platelet function and coagulation abnormalities have a pathogenic role in its bleeding manifestations.

Case report

A 73-year old woman presented with fever, retching and nausea of 2 days' duration. She had a history of hypertension, transient ischaemic attacks, diabetes mellitus and hypercholesterolaemia, for which she was on treatment, including aspirin. She was not taking anticoagulants.

She was febrile, and normotensive, but otherwise clinically normal. Initial investigations were within normal limits. Two days after admission she developed abdominal distension with pain. On examination she was pale and her blood pressure had dropped to 80/60 mm Hg. There was a tender mass in the left hypochondrium which did not ap-

pear to be intra-peritoneal. Her blood pressure became normal after blood transfusion.

An ultrasound scan performed soon after the appearance of the left hypochondrial mass showed a hypoechoic area with internal echo on the upper left abdomen under the superior rectus muscle. There was no free fluid within the peritoneal cavity and no other abnormalities were detected. The impression from the ultrasound scan was that of an intramuscular haematoma, abscess or adherent bowel loops. The full blood count now showed a haemoglobin of 7.8 g/dl and a platelet count of $54 \times 10^9/l$ with reactive lymphocytes, and normochromic normocytic red cells.

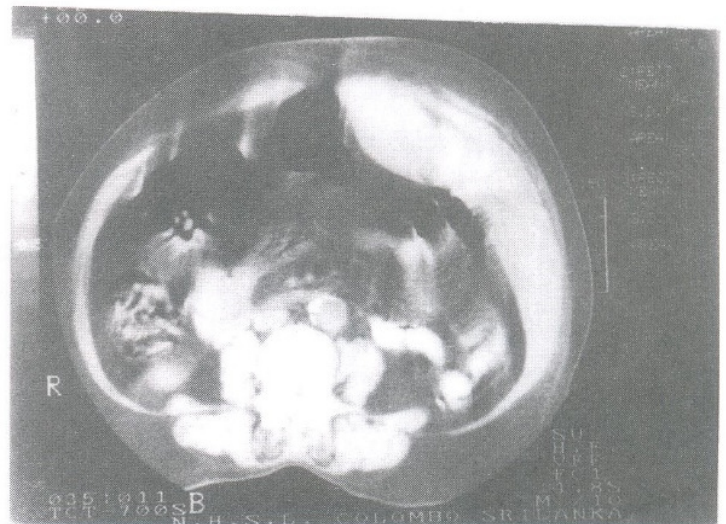


Figure. CT scan of abdomen showing a large haematoma in the left rectus abdominis muscle. There is no free fluid in the peritoneal cavity.

Registrars ²Senior Registrar and ³Physician, National Hospital of Sri Lanka, Colombo, (Revised version accepted 12 May 2001). Email: yganeshwaran@yahoo.com (Corresponding author).

Case reports

A CT scan of the abdomen (Figure) showed a haematoma in the left rectus muscle. At surgery a small tear of the inferior epigastric artery was found and repaired. She made an uneventful recovery. Since the patient had fever, thrombocytopenia and an episode of bleeding, a dengue IgM antibody test was performed and found to be positive in a titre of 1:60 000.

Discussion

Although we did not initially suspect dengue fever in this patient with fever, investigations showed thrombocytopenia, and since dengue fever is common in our country, we performed a dengue antibody test, which became strongly positive.

A review of the literature showed reports of dengue fever presenting as intra-cranial haemorrhage (1), associ-

ated with splenic rupture (2), and with pancreatic oedema (3), but none of dengue fever associated with muscle haematoma.

References

1. Wafa SR, Jamsari S, Karis BM. A case report – intracranial haemorrhage in a patient with probable dengue fever. *Medical Journal of Malaysia* 1999; **54**: 273-6.
2. Imbert P, Sordet D, Hovette P, Touze JE. Splenic rupture in a patient with dengue fever. *Journal of Tropical Medicine and Parasitology* 1993; **44**: 327-8.
3. Setiawan MW, Samsi TK, Wulur H, Sugianto D, Pool TN. Epigastric pain and sonographic assessment of the pancreas in dengue haemorrhagic fever. *Journal of Clinical Ultrasound* 1998; **26**: 257-9.