

Two case reports on dengue haemorrhagic fever complicated with abdominal compartment syndrome and acute liver failure

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Dengue is one of the most common arboviral illnesses in humans. Here we present two cases of dengue haemorrhagic fever with unusual presentation. Dengue haemorrhagic fever with atypical manifestations such as myocarditis, encephalitis, hepatitis, Rey's Syndrome, TTP and HUS has been reported time to time during epidemics. Early identification of the above complications which can be difficult to diagnose at the initial stage is important in order to prevent fatal outcomes.

The main objective of this study was to further evaluate atypical complications of dengue haemorrhagic fever and to open up new management strategies for dengue fever. We selected two patients with dengue haemorrhagic fever where, one patient developed abdominal compartment syndrome and the other developed acute liver failure, both being atypical complications of dengue haemorrhagic fever which are difficult to manage.

The first case is about a 22 year old girl who developed dengue haemorrhagic fever with rapidly progressing ascites which lead to abdominal compartment, requiring aggressive fluid management. With the development of fluid leak there was a significant change in her serum albumin levels without much fluctuation in the liver enzymes and comparatively poor resolution of ascites and delayed recovery. The second case is about a 39 year female who presented with compensated shock and acute hepatitis which lead to acute liver failure. She also had a persistent reduction in serum albumin levels requiring treatment with human albumin. But, in contrast to the first patient, her liver enzymes showed a marked elevation. The first patient developed abdominal compartment syndrome during the critical phase whereas the second patient went into acute liver failure after completion of the critical phase.