Images in Clinical Tropical Medicine

Spontaneous Splenic Rupture in Dengue Hemorrhagic Fever

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A 29-year-old woman was admitted with a 7-day history of fever, myalgia, and headache. She had had recurrent melena since the third day of illness. She was febrile and anicteric. No rash or lymphadenopathy was evident, and a tourniquet test was negative. Mild hepatomegaly and shifting abdominal dullness were present. The neck was supple with no neurologic deficit. Platelet count was 90,000/μL, and hematocrit was 33%. A peripheral blood smear did not show malarial parasites, and blood cultures were sterile. Dengue virus-specific IgM antibodies were found to be positive. On Hospital Day 3, the patient had a sudden onset of abdominal pain and distension; hematocrit dropped to 15%. Paracentesis yielded frankly hemorrhagic fluid with a hematocrit of 11%. Contrast-enhanced computed tomography showed ascites (Figure 1A, asterisks) and an organized, non-enhancing collection over the posterosuperior aspect of spleen, suggestive of splenic rupture with adherent thrombus (Figure 1A, arrow); bilateral pleural effusions (Figure 1B, arrows) were also evident. She was managed conservatively with packed red cell transfusions and crystalloids. Over the next few days, hemo-peritoneum and pleural effusions resolved uneventfully.

Spontaneous splenic rupture is a well-known complication of acute infections such as malaria and infectious mononucleosis; nonetheless, it is rarely reported in dengue hemorrhagic fever.1,2

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