

Orofacial manifestations in dengue

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ABSTRACT

Dengue is an important tropical infection. Although there are a few clinical manifestations mentioned in the literature, oral manifestations are less. Practitioner should consider dengue as possible diagnosis during oral examinations as oral manifestations may be the initial presentations in dengue infections prior to clinical presentations. In this short article, the authors summarize and discuss on orofacial manifestation in dengue.

Key words: dengue, orofacial, manifestation.

Dengue is one of the important tropical arbovirus infection that can be seen in several tropical countries. The infection is usually manifested as an acute febrile illness where the patient usually has high fever at initial stages. In severe cases, there will be a hemorrhagic complication [1]. Although clinical presentations of dengue are mentioned in the literature, very little is known about the oral manifestations. The possible oral manifestations of dengue are bleeding in oral cavity and bone complications. The oral hemorrhagic problem in dengue is mainly due to the thrombocytopenia caused by dengue virus infection. As dengue patient may present with oral manifestations first, the patient must be cautious while diagnosing such cases. In this short review, the authors summarize and discuss on orofacial manifestation in dengue.

ORAL MANIFESTATIONS IN DENGUE

In endemic areas of dengue, the infection can be seen in any age and sex groups. Orofacial manifestations can be seen in any groups of patients with dengue [2, 3]. Roopashri et al., suggests that although oral lesions are uncommon in dengue infections and if manifested, may be

mistaken for bleeding disorders [4]. Oral manifestations of dengue include, oral bleeding including gingival and palate bleeding, dryness of the mouth, taste changes, and erythematous plaque and vesicles on the tongue and palate. In severe cases, osteonecrosis is also noted [4, 5]. Indeed, the oral cavity bleeding is not too uncommon to be seen in clinical practice but it is little mentioned. In a recent report, bleeding per gum and oral cavity was detected in 45.9 % of patients with dengue. The oral bleeding can be seen in any age groups of patients of both sexes [6]. Sometimes, the dengue patient might also develop post extraction bleeding without previous diagnosis of infection [7].

With the help of thorough clinical examination and investigations dengue can be detected at initial phases. In case with suspicious clinical history such as oral bleeding followed febrile illness, the laboratory investigations for dengue such as dengue antigen test should be considered. General complete blood count can also show the evidence of thrombocytopenia and hemoconcentration in the patients with dengue. However, there is usually no abnormal result from coagulation test. For the dengue case with oral bleeding, the standard clinical management for

dengue includes appropriate fluid replacement therapy, following which spontaneous resolution of hemorrhagic complications are noted. Platelet transfusion or coagulation factor transfusion can also be considered in severe dengue cases [1].

CONCLUSION

Orofacial manifestations are little mentioned in literature but possible in dengue. Orofacial bleeding might be the first presentation that lead to further diagnosis of dengue. Therefore the practitioner should identify bleeding in the oral cavity and if present with fever, dengue should be considered as one of the differential diagnosis and possible investigations should be carried out.

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