

中文題目：登革熱併發急性肝炎和急性呼吸窘迫症候群- 案例報告

英文題目：Acute Hepatitis and Acute Respiratory Distress Syndrome Complicated in Dengue Fever: A case report

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Dengue fever is the most prevalent mosquito borne viral illness transmitted by *Aedes* mosquito in the world. It can present diverse clinical symptoms, ranging from asymptomatic infection to dengue shock syndrome, as well as unusual manifestations, such as hepatitis, myocarditis, encephalitis, and acute respiratory distress syndrome (ARDS). We report a case of 76 year old female who developed abnormal liver function, coagulopathy, encephalopathy, and ARDS. She had a past medical history of hypertensive cardiovascular disease with regular medication control. Three days before admission, she developed fever, myalgias with bone pain, and abdominal discomfort with vomiting. At our emergency department, she denied tarry stool passage or coffee ground vomitus. Both GOT (>2500 U/L) and GPT (>1200 U/L) were markedly elevated, and thrombocytopenia (platelet count: $54 \times 10^3 / \mu\text{L}$) was also noted. Dengue NS1 Ag was tested and revealed positive and subsequent dengue PCR test also showed positive. During the hospitalization, progressive dyspnea and conscious disturbance developed. Coffee ground vomitus from NG tube was noted and Pantoloc infusion was administered. Seven days after admission, deteriorated renal function, shock, and oxygen desaturation developed, so continuous veno-venous hemofiltration, vasopressor, and intubation with mechanical ventilation were applied. ARDS developed with chest CxR revealed bilateral diffusion infiltration, p/f ratio less than 200, and decreased lung compliance. Profound shock developed despite high dose vasopressor, the patient expired after ten days of admission in ICU. Dengue fever is characterized by high fever, thrombocytopenia with hemorrhagic manifestation, and shock syndrome. However, recently the reports of rare manifestations of liver, renal, encephalopathy, and ARDS have become more common and carry high mortality rate. We suggest that clinicians should be made aware of unusual complications with high mortality of dengue fever.