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At the National Conference of the Indian Academy of Pediatrics (1991), there was presentation of an upsurge of Dengue from Bombay(1). However, we believe this distinct shock syndrome, highly suggestive of DSS, is the first reported from South India probably heralding a new cause for morbidity and mortality in children.

### Case Reports

Four healthy girls residing in Bangalore District, Karnataka presented with evidence of an acute febrile illness, purpura and shock. None had travelled out of the State and were all admitted as septicemic shock.

The pertinent details of the cases are tabulated in *Table I & II*. All children recovered with fresh blood, intravenous fluids, dopamine and steroids. Antibiotics were discontinued following prompt response and negative cultures. Antibody titres failed in all these cases due to improper storage, but as we send this report a similar child with a DHF picture has been reported positive (Virus specific IgM antibody by Elisa).

### Discussion

Dengue hemorrhagic syndrome (DHS) and dengue shock syndrome (DSS) is a leading infectious cause for morbidity in the tropics(2,3). In the past two decades, epidemics have occurred throughout SE Asia and W. Pacific including India(3-5). Epidemic rates are as high as 50% with 5% presenting in shock with hemorrhage. Death has occurred in 1% of these cases(20).

In endemic areas, Dengue is primarily a disease of childhood with nearly 100% occurring before 8 years of age(2). A large number of DHS/DSS occurred in children with a mean age of 3 years. DSS has an age

## Actue Infectious Thrombocytopenic Purpura and Circulatory Failure—Is It Dengue Shock Syndrome?

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Dengue hemorrhagic fever/dengue shock syndrome (DHS/DSS) is a severe, often fatal, febrile illness caused by dengue viruses, characterized by capillary permeability, abnormalities of hemostasis, and in severe cases, a protein losing shock syndrome.

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TABLE I—Clinical Data of the Subjects

	Case 1	Case 2	Case 3	Case 4
Age (yrs)	4	6.5	2.5	8
Sex	Female	Female	Female	Female
Duration of fever (days)	5	4	4	4
Headache	+	+	+	+
Malena	+	+	—	—
Vomiting	+	+	+	+
Altered sensorium	+	+	+	+
Sibling with fever/headache	+	+	?	—
Past history fever/headache (15 days ago)	+	+	?	+
Shock	+	+	+	+
Petechiae	+	+	+	+
RS/CVS	Normal	Normal	Normal	Normal
CNS	Not responsive	Lethargic	Not responsive	Lethargic
Fundi	Normal	Normal	?	Normal
Course in Hospital	Generalized seizure. Respiratory arrest. (Intubated/IPPV). Malena	Right lung Crepitations. Glossitis. Tarsal Congestion.  Malena	Malena	Hematoma at injury site (prior to admission)
Bradycardia	—	+ (day 4)	+ (day 4)	+ (day 3)
Recovery from shock	day 1	day 1	day 1	day 2
Afebrile by	day 1	day 4	day 4	day 3

dependent increase in girls than boys, with most having good nutritional status(6).

In DHS/DSS, there is severe generalized bleeding, edema, pleural and peritoneal effusions and in advanced cases, hypovolemic shock. It has been observed in

populations sequentially infected with Dengue type 2 following previous infection with other dengue type viruses. There is a rapid rise of both hemagglutinating and complement fixing antibodies to Dengue antigen(2).

TABLE II—*Relevant Investigations*

	Case 1	Case 2	Case 3	Case 4
Hg (g/dl)	11.4	15.4	11.8	17.7
TLC/cumm	1500	6800	11500	10300
N (%)	50	54	84	47
L (%)	43	45	15	50
Platelet /cumm	8000	10,000	38,000	9000
Na (mEq/L)	110	100	121	130
BT (> 15 min)	+	+	+	+
CT (min)	13	12	12	8
PT (control 12 sec)	17	15	12	14
Creatinine (mg/dl)	0.57	0.86	0.46	0.62
Blood culture	No growth	Contaminated	No growth	No growth
Smear	Normocytic normochromic, Thrombocytopenia, Crenated RBC, Burr Cell, Occasional spherocyte	Normocytic normochromic, Thrombocytopenia, Crenated RBC, Monocytoid cell.	Normocytic normochromic, Thrombocytopenia.	Normocytic normochromic, Thrombocytopenia.
Urine protein	—	trace	—	++
Ketones	—	—	—	—
SGOT (u/L)	—	172	902	—
SGPT (u/L)	—	31	254	—
Bone marrow	—	Erythroid hyperplasia, Increased megakaryocytes	Mild hypocellularity, megakaryocytes.	
Chest X-ray (PA)	Rt hazziness Cf left	Rt hazziness Cf left	Rt hazziness, Rt Pleural effusion	Bilat, hazziness

During 1958, Thailand recognized its first epidemic of DHS which had high morbidity and mortality among children. All children had fever several days prior to critical illness, a peculiar shock like state with various bleeding manifestation. Mortality was 23%(7) comparable to 23.6% reported from Calcutta(3).

In Asia, hemorrhagic fever can be epidemic and Dengue should be considered as a differential diagnosis. Korean and Congo Crimean hemorrhagic fever differs from DHS/DHF in terms of respiratory and renal involvement and a shock-like state(8). Both have been reported from nearby Pakistan, Dubai and Iraq(5,9,10).

As in the 1960's, this bizarre clinical pattern deserves the attention of physicians to look for this illness and to continue the important investigations into etiology(8). This is, of course, due to the simple fact that dengue hemorrhagic fever commands a vast domain among infections forming part of the 'Great neglected disease of mankind', in a sense not 'neglected' but merely undiscovered(6).

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## Plasma Cell Granuloma of the Lung

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Plasma cell granuloma of lung is a rare condition characterized invariably by a benign course(1). Usually it is picked up as an asymptomatic mass lesion in the lung on routine chest X-ray, posing a diagnostic problem. It is a disease of young adults (average age 29.5 yrs)(2). Although cases have been reported in children below 10 yrs of age, it is extremely uncommon below 2 yrs. Only two older children have been reported from India(3). The relative rarity of this condition in infancy prompted us to report this case.

### Case Report

A one-year-old male child was admitted to the Pediatric ward of Holy Family Hospital, Delhi with history of fever and

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