

Dengue fever manifesting as severe thrombocytopenia during parturition: A case report

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Background: The incidence of dengue fever is increasing among the adult population living in endemic areas, consequently increasing the number of cases of dengue infection occurring in pregnancy. Dengue infection in pregnancy can cause marked thrombocytopenia, which carries a major risk for both maternal and fetal morbidity and mortality that may complicate parturition.

Case Presentation: A 31-year-old Filipino woman diagnosed gravida 2 para 1 (1001) on her 34 weeks of gestation was presented in our institution with fever for four days. The complete blood count as well as serology confirmed dengue fever. The patient was under conservative management despite severe thrombocytopenia with lowest platelet count of 10,000/L. However, persistent uterine contractions prompted emergency repeat cesarean section. There was note of minimal peripartum uterine bleeding, which was successfully managed by blood transfusion and uterotonics and was subsequently discharged with no maternal and fetal complications.

Conclusion: With the similarities in symptoms and laboratory findings in the obstetric population infected by dengue fever, one of the significant impacts of dengue at parturition is that severe bleeding may complicate delivery with dengue during the critical phase that is the period coinciding with marked thrombocytopenia. Management of dengue-infected parturient is by conservative fluid therapy and transfusion of appropriate blood products when signs of bleeding occur. An important principle in the management of dengue fever in pregnancy is to prioritize maternal wellbeing prior to addressing fetal issues.

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