

Open Access

Pain: Concern in Zika Virus Infection

Viroj Wiwanitkit*

Hainan Medical University, Haikou Shi, Hainan Sheng, China

Keywords: Zika; Infection; Pain

Zika virus infection is the global problem at present. After its big epidemic in South America, there are some reports on teratogenic effect of the pathogen as well as the neurological complication. The Zika virus infection becomes the focused issue in public health in any country worldwide [1]. The disease control and surveillance has to be continuous and the updating on the data and knowledge is required by any practitioner. In anesthesiology, there are many concerns on the Zika virus infection. The anesthesiologist can get the infection and has to contact with possible Zika virus infected case in the daily clinical practice [2,3].

The clinical manifestation of Zika virus can be sometimes not easy to diagnose. Some cases might have no symptom and the under diagnosis is possible [4]. It is necessary to recognize the atypical clinical presentation of the Zika virus infection. In pain medicine, the "pain" is Zika virus is little mentioned. In fact, Zika virus is an arbovirus infection that can cause the acute febrile illness similar to its closed common pathogen, dengue virus. The virus can cause acute illness. Fever and headache can be the general clinical complaints. As noted by Duca et al. "It may cause a non-specific illness with fever, rash, myalgia, headache, and/or non-purulent conjunctivitis" [5]. Hence, it is no doubt that the pain presentation as headache is not an uncommon problem when one deals with Zika virus infection. As noted by Xu et al. "The World Health Organization's and Centers for Disease Control and Prevention's definition of Zika infection are symptoms of fever, rash, joint pain, myalgia, headache and conjunctivitis" [6]. Indeed, headache or head pain is a non-specific problem that can be seen in many disorders. For arbovirus infection, it can be associated with fever during the acute febrile illness. According to a recent report from Mexican hospital, it was noted that the headache was observable in 53.1% of pregnant women with Zika virus infection [7]. Nevertheless, the headache might not exist in some cases. For example, in a past report from Indonesia, Olson et al. mentioned that "None of the seven patients had headacheor rash despite the fact that headache and rash had been associated with two of the three previously studied" [8].

Another important pain problem in Zika virus infection is the myalgia or muscleache. The problem is also a non-specific clinical complaint. It can be seen in any tropical infections. The other arbovirus infections can also manifest myalgia. In a recent report from Korea, 50% of the cases had myalgia [9]. In Mexico, the incidence is 46.9% [7]. Hence, this clinical pain problem of Zika virus infection can be seen worldwide. In addition to myalgia, a similar problem is joint pain. In fact, joint pain is a common clinical problem seen in some arbovirus infection. For Zika virus infection, this problem can be seen as well. In the Korean report, the joint pain can be seen in 28.6% of the patients [9]. In a recent report from Florida, et al. noted that "four most commonly reported symptoms (fever, arthralgia, rash, and conjunctivitis) with a rash present in all patients [10]". Recently, the "Biphasic Zika Illness with Rash and Joint Pain" was reported by Edupuganti S et al. [10]. Khawar W et al. noted that the Zika virus can be relapse and the presenting symptoms are rash and joint pain [11]. As already mentioned, the myalgia and joint pain are commonly seen in tropical infections. The misdiagnosis or under diagnosis of the Zika virus infection presenting firstly with myalagia or arthralgia is possible. The missed diagnosis as the other common infection such dengue is likely to occur very common and this can be the cause of unsuccessful disease control [12].

Another other pain problem in Zika virus infection is ocular pain. Indeed, the ocular problem in Zika virus is observable. The orbital pain can also be seen but little mentioned. The first case report of Zika virus in China also had orbital pain as the primary chief complaint [13]. In that same first Chinese case, another interesting pain problem as "paroxysmal pain in back of ears" was also observed [13]. Apart from the already mentioned pain problems, there is also another uncommon pain problem. The abdominal pain can be observed in some patients infected with Zika virus infection. Cardona-Cardona et al. recently reported a case of Zika virus infection presenting with several abdominal pain [14] conclusively, the pain problem is not an uncommon problem in Zika virus infection and pain might be the presenting symptom of the patient. The practitioner has to recognize and aware of the problem. with age.

Conflict of Interest

None.

References

- Guillier A, Amazan E, Aoun A, Baubion E, Derancourt C (2017) Zika virus infection: A review. Ann Dermatol Venereol 144: 518-524.
- Wiwanitkit V (2017) Zika virus and anesthesiologists. J Cardiothorac Vasc Anesth 31 :e98.
- Heller BJ, Weiner MM, Heller JA (2016) Impact of the Zika virus for anesthesiologists: A review of current literature and practices. J Cardiothorac Vasc Anesth 31 :2245-2250.
- Wiwanitkit S, Wiwanitkit VA (2016) Asymptomatic and non-thrombocytopenic Zika virus infection: Don't miss it! Asian Pac J Trop Med 9: 513.
- Duca LM, Beckham JD, Tyler KL, Pastula DM (2017) Zika virus disease and associated neurologic complications. Curr Infect Dis Rep 19: 4.
- Xu BY, Low SG, Tan RT, Vasanwala FF (2016) A case series of atypical presentation of Zika Virus infection in Singapore. BMC Infect Dis 16: 681.
- Garza-González E, Mendoza-Olazarán S, Campos RR, Téllez-Marroquín R, Saldívar-Rodríguez D, et al. (2017) Rapid spread of an ongoing outbreak of Zika virus disease in pregnant women in a Mexican hospital. Braz J Infect Dis 21: 554-556.
- Olson JG, Ksiazek TG, Suhandiman, Triwibowo (1981) Zika virus, a cause of fever in Central Java, Indonesia. Trans R Soc Trop Med Hyg 75: 389-93.

*Corresponding author: Viroj Wiwanitkit, Hainan Medical University, Haikou Shi, Hainan Sheng 571100, China, Tel: +86 898 6689 3610; E-mail: wviroj@yahoo.com

Received: August 31, 2017; Accepted: September 05, 2017; Published: September 08, 2017

Citation: Wiwanitkit V (2017) Pain: Concern in Zika Virus Infection. J anesthesiol pain res 1: e101.

Copyright: © 2017 Wiwanitkit V. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

- Yoon D, Shin SH, Jang HC, Kim ES, Song EH, et al. (2017) Epidemiology and Clinical Characteristics of Zika Virus Infections Imported into Korea from March to October 2016. J Korean Med Sci 32: 1440-1444.
- Edupuganti S, Natrajan MS, Rouphael N, Lai L, Xu Y, et al. (2017) Biphasic Zika illness with rash and joint pain. Open Forum Infect Dis 4: ofx133.
- Khawar W, Bromberg R, Moor M, Lyubynska N, Mahmoudi H (2017) Seven cases of Zika virus infection in South Florida. Cureus 9: e1099.
- 12. Joob B, Wiwanitkit V (2015) Zika virus infection and dengue: A new problem in diagnosis in a dengue-endemic area. Ann Trop Med Public Health 8: 145-6.
- Deng Y, Zeng L, Bao W, Xu P, Zhong G(2016) Experience of integrated traditional Chinese and Western medicine in first case of imported Zika virus disease in China. Zhonghua Wei Zhong Bing Ji Jiu Yi Xue 28: 106-9.
- Cardona-Cardona AF, Rodríguez Morales AJ (2016) Severe abdominal pain in a patient with Zika infection: A case in Risaralda, Colombia. J Infect Public Health 9: 372-3.