

Case Report

Recovery of a Patient Suffering from a Dengue

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The Dengue virus, a member of the genus *Flavivirus* of the family *Flaviviridae*, is an arthropode-borne virus that includes four different serotypes (DEN-1, DEN-2, DEN-3, and DEN-4) [1,2,4]. The World Health Organization (WHO) considered dengue as a major global public health challenge in the tropic and subtropic nations [1,2,3]. The *Aedes aegypti* mosquito is the main vector that transmits the virus that causes dengue [3].

Table 1: Events occurred with the patient.

19 September 2022	A dengue symptoms were observed (high fever, chills, headache, body ache).
20 September 2022	Admitted in Shree Hospital, Baramati, Pune.
20 September 2022	Doctor took blood sample and then patient was treated with saline.
20 September 2022	According to blood report, patient had presence of nS1 Dengue Antigen, diagnosing the dengue. 1 st dose of antibiotics and electrolytes was provided.
21 September 2022	Hemogram was studied (figure 4). Low White Blood Cell (W.B.C) count

was reported. 2nd dose of antibiotics was provided.

24 September 2022 He was recovering and was discharged from the hospital along with antibiotics prescription.

The patient was reported with the symptoms, admitted in the hospital, treated and discharged (table 1)

While providing the treatment, the doctors used the medicines as follows: Injectable Monotax, Injectable Pan 40, Injectable Emset, Injectable Eldervit, Injectable MVI, Tablet Pan 40 mg, Tablet Fepanil 650, Tablet MV2, Tablet Conpor, Tablet Lecope, Tablet Antiflu, SUP ZENCO 7 (figure 1,2,3).

In conclusion, dengue is mostly caused by Mosquito *Aedes Aegypti*. It causes symptoms such as severe headache, high fever, decrease in WBC count and chills. It can be treated with appropriate diagnosis and treatment.

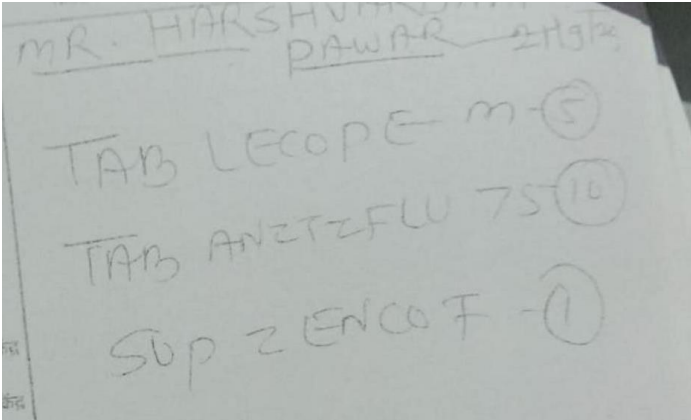


Figure 1: Medical Prescription

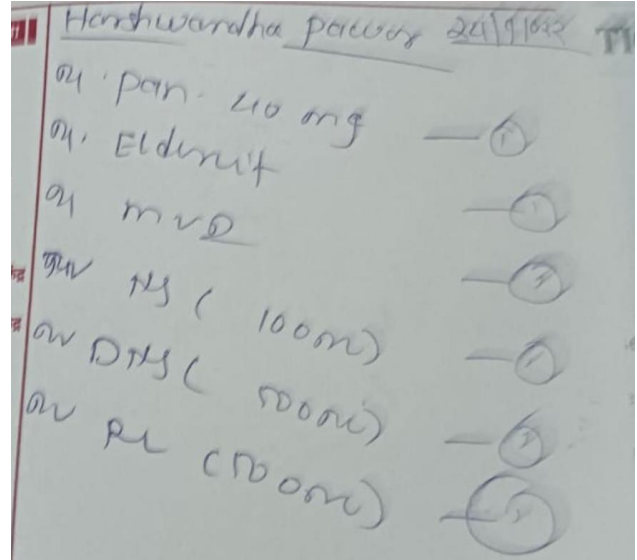


Figure 3: Medical Prescription

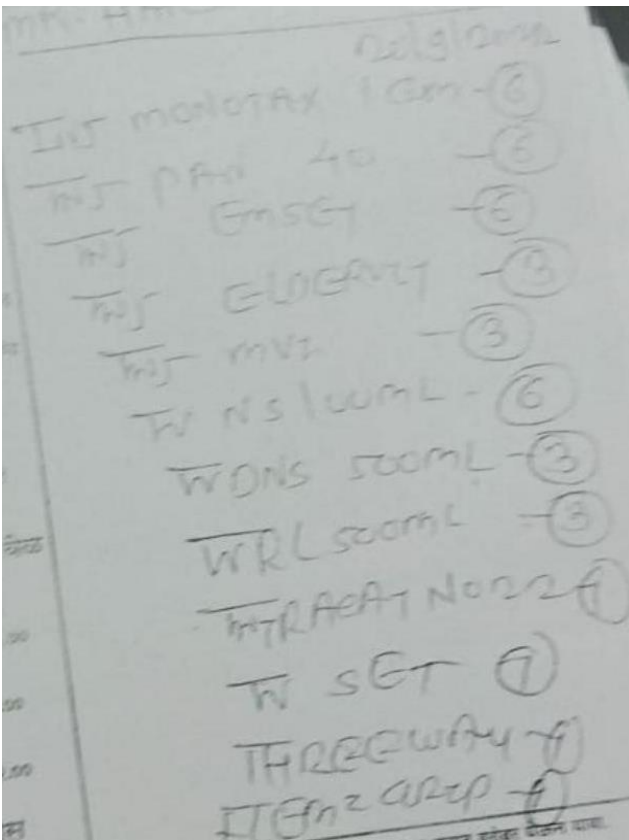


Figure 2: Medical Prescription

HAEMOGRAM

	Normal Range
13.4 gm%	11.5 to 13.5 gm %
4.32 X 10 ⁶ /cmm	3.9 to 5.6 X 10 ⁶ /cmm
3,900/cmm	4,000 to 11,000/cmm
1.49 lakhs /cmm	1.5 to 5 lakhs/cmm
11.2 %	11.5 to 16.5 %
40.5 %	36 to 47 %
80.4 fl	75 to 95 fl
28.5 pg	27 to 32 pg
33.2 %	30 to 35 %
78 %	40 to 75 %
02 %	2 to 6 %
00 %	0 to 1 %
00 %	2 to 10 %
20 %	20 to 45 %

Figure 4: Hemogram of the patient

Authors' contributions:

RS, PD, MP, GNP, EJ, RS, BS: Verified the data, PSM: Developed an idea and wrote the manuscript.

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Authors declare that no competing interest exists.

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References:

1. Halstead SB. Pathogenesis of dengue: challenges to molecular biology. *Science*. 1988;239(4839):476-81. doi: [10.1126/science.3277268](https://doi.org/10.1126/science.3277268), PMID [3277268](https://pubmed.ncbi.nlm.nih.gov/3277268/), Google Scholar.
2. Hasan S, Sami J. F, Alalawi M, al Ageel al Beaiji SM. [Dengue virus: a global human threat: review of literature]. *J Int Soc Prev Community Dent*. 2016 Jan-Feb;6(1):1-6. doi: [10.4103/2231-0762.175416](https://doi.org/10.4103/2231-0762.175416), PMID [27011925](https://pubmed.ncbi.nlm.nih.gov/27011925/).
3. New, editor. World Health Organization (WHO). Dengue-guidelines for diagnosis, treatment. *Prev Control*. 2009. Google Scholar.

4. Kurane I. Dengue hemorrhagic fever with special emphasis on immunopathogenesis. *Comp Immunol Microbiol Infect Dis*. 2007;30(5-6):329-40. doi: [10.1016/j.cimid.2007.05.010](https://doi.org/10.1016/j.cimid.2007.05.010), PMID [17645944](https://pubmed.ncbi.nlm.nih.gov/17645944/), Google Scholar.

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