

## Case Report

# Recovery of a Patient Suffering from a Dengue

<sup>1</sup>Sharma R, <sup>2</sup>Dhapate P, <sup>3</sup>Patharia M, <sup>4</sup>Pawar GN, <sup>5</sup>Jafarzadeh E, <sup>6</sup>More PS, <sup>7</sup>Shinde B

<sup>1,2,3,4</sup>School of Biotechnology, Vidya Pratishthan's College of Arts, Science and Commerce, Baramati, Maharashtra, India.

<sup>5</sup>Medical Laboratory, Taleghany Hospital, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Khuzestan, Iran.

<sup>6</sup>Department of Microbiology, Jayawantrao Sawant College of Commerce and Science, Hadapsar, Pune, Maharashtra, India.

## Article Info

**Corresponding Authors:** Sharma R, Shinde B

**Emails:** [rajesh\\_vpasc@yahoo.com](mailto:rajesh_vpasc@yahoo.com), [principal.vpasc@vidyapratishthan.com](mailto:principal.vpasc@vidyapratishthan.com)

### Article history:

Received: November 27, 2023

Accepted: December 3, 2023

Published: December 8, 2023

©Author(s). This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/) that permits noncommercial use of the work provided that credit must be given to the creator and adaptation must be shared under the same terms.

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 <sup>st</sup> 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. 2<sup>nd</sup> 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.

MR. HARSHVARDH PAWAR 24/9/2023

TAB LECOPRE-M-5

TAB ANETZFLU 75-10

SUP ZENCOF-1

Figure 1: Medical Prescription

Harshvardha Pawar 24/9/2023

04. Pan. 40 mg - ①

04. ELDINUT - ①

04. MVD - ①

04. NS (100ml) - ①

04. DMS (500ml) - ①

04. RL (100ml) - ①

Figure 3: Medical Prescription

MR. HARSHVARDH PAWAR 24/9/2023

TAB MODOX 100mg - ①

TAB PAN 40 - ①

TAB ELDINUT - ①

TAB MVD - ①

TW NS 100ML - ①

TWONS 500ML - ①

TWRL 500ML - ①

TWRAAT No 24 - ①

TW SET ①

THREOWAY ①

ITEN 2000 ①

Figure 2: Medical Prescription

HAEMOGRAM	
	Normal Range
13.4 gm%	11.5 to 13.5 gm %
4.32 X 10 <sup>6</sup> /cmm	3.9 to 5.6 X 10 <sup>6</sup> /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.

**Competing Interest:**

Authors declare that no competing interest exists.

**Ethical Statement:** This work did not violate ethical laws. Hence, no ethical permission required.

**Grant Support Details:** This work did not get funding from any agency.

**Acknowledgement:** Authors are thankful to Dr. Bharat Shinde, Principal, Vidya Pratishthan's Arts, Science and Commerce College, Maharashtra, India for his support to publish this work.

**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.

**Cite this article as:**

Sharma R, Dhapate P, Patharia M, Pawar GN, Jafarzadeh E, More PS, Shinde B. Recovery of patient suffering from a Dengue. Int. J. Micro. Sci. 2023; 4(1),32-34.