

Dengue Convalescent Rash in Adult Indonesian Patients

Erni J. Nelwan, Herdiman T. Pohan

Department of Internal Medicine. Faculty of Medicine Universitas Indonesia - Cipto Mangunkusumo Hospital, Jakarta, Indonesia.

Correspondence mail:

Division of Tropical and Infectious Disease. Department of Internal Medicine. Faculty of Medicine Universitas Indonesia. Jl. Diponegoro no. 71, Jakarta 10430, Indonesia. email: ejnelwan@yahoo.com.

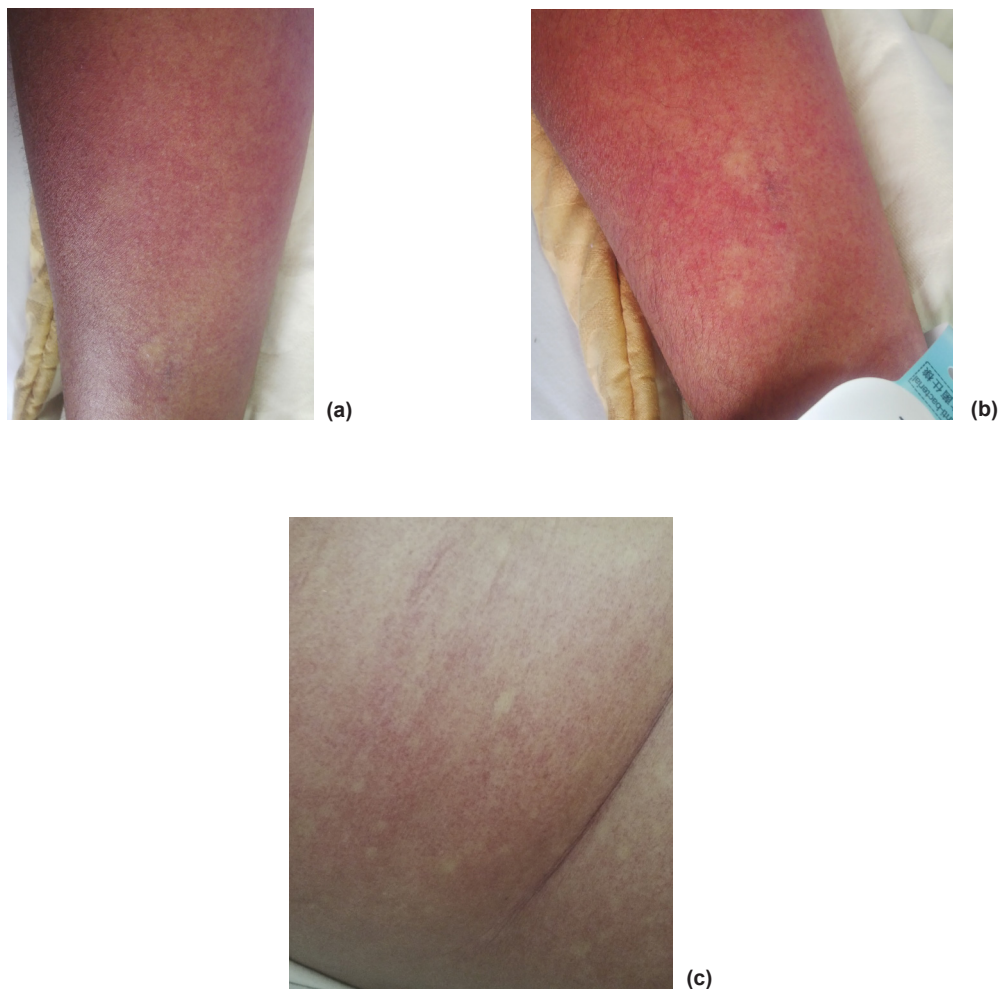


Figure 1 (a-c). Dengue convalescent rash on deconvalescence day 3. The white isles within the red area on both extremities and right lateral abdomen.

Dengue hemorrhagic fever is still a serious problem in Indonesia. Since the first cases reported in 1968, incidence rate has increased and around 37.3/100.000 populations was infected with the Dengue virus in 2012 with case fatality rate of 0.9%.¹

Dengue is a self-limited, systemic viral infection. Efforts to understand the disease in terms of spectrum of illness, clinical manifestation, pathogenesis, diagnosis and management were made to decrease morbidity and mortality.²

Dengue virus infection involves three phases of illness; the febrile phase, the critical phase (plasma leakage) and the convalescent (reabsorption) phase.³

During the febrile phase, most patient a reported high peak of fever with frontal headache, with and without hepatomegaly or hemorrhagic manifestation. This will last around the first 3 days of illness. Following the absence of the fever, there is a higher risk of having plasma leakage or hemorrhage. Patient also more prone of become shock. On this second phase of illness, WHO developed the warning signs to guide clinician to perform immediate medical evaluation.

The convalescent phase characterized when plasma leakage stops and reabsorption begins. Patient reported less sign and symptom. Convalescent rash could be worrisome for patients and might be accompanied with a serious itchy.

Among Indonesian patients, the occurrence of convalescent rash was very rare reported.

Convalescent rash appeared as a confluent pruritic, petechial with multiple small round islands of unaffected skin. This finding is more often reported among children.⁴ This rash may appear between 3 and 6 days after onset of fever. There is no specific treatment or risk for having this rash. On all of these patients the administration of antihistamine was introduce due to serious itchy complaints.

REFERENCES

1. Directorate General of Disease Control and Environmental Health. Ministry of Health, Republic of Indonesia. Report 2013
2. Simmons CP, Farrar JJ, van Vinh Chau, Wils, B. Dengue. Current concepts. *N Engl J Med*. 2012;366:1423-32
3. Centers for Disease Control and Prevention. Clinical Guidance. Dengue virus. www.cdc.gov/dengue/clinlab/clinical.html
4. Vijayalakshmi AM, Jayavardhana A. Febrile rash and convalescent rash of dengue fever. *Indian Pediatr*. 2013;50(7):717.