LETTER TO THE EDITOR

Comments on Sameed Ullah Qureshi et al (J Pak Med Assoc. 2019 69:1553-1556)

A typical presentation of dengue fever in a G6PD deficient patient: A case report

Beuy Joob, Viroj Wiwanitkit

Madam, we read the article entitled "A typical presentation of dengue fever in a G6PD deficient patient: A case report" with a great interest and would like to share ideas and give comments on this publication. Khan et al. noted that "This case highlights the importance of recognising dengue fever-induced haemolytic anaemia in a G6PD deficient patient by physicians and pathologists, enabling better diagnosis and improved management of this life-threatening condition." Indeed, dengue is an important tropical arbovirus infection that is still an important public health problem in several countries. The important haematological findings in dengue include haemoconcentration, atypical lymphocytosis and thrombocytopenia. However, this basic haematological finding might be modified due to the underlying disease of the patient. G6PD deficiency is an anaemic disease that can present haemolytic blood picture. It is no doubt that the dengue patient with underlying G6PD deficiency might have anaemic presentation. The similar situation can be seen in dengue patient with thalassemia that can present with no haemoconcentration and haemolytic anaemic blood picture. Whether there is any other additional underlying disorder that can alter the blood picture in the present case report by Khan et al. is still questionable.

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References

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A typical presentation of dengue fever in a G6PD deficient patient: A case report

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There were a couple of other tests done on the patient on follow up which are not mentioned in the case report. His Hb was completely normal in follow up tests, which excludes the possibility of thalassemia or any other haematological disorders.

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