

Oral Presentation in Dengue

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Abstract

Dengue is an important mosquito borne viral infection. The classical presentation of dengue is acute febrile illness with hemorrhagic complication. Focusing on oral manifestation, it is not common. In this brief article, the author discusses on oral presentation of dengue.

Keywords: Dengue; Oral Presentation

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Introduction

Dengue is an important mosquito borne viral infection. It can be seen in many tropical regions, especially for Southeast Asia and South Asia. The classical presentation of dengue is acute febrile illness with hemorrhagic complication [1]. The triad of hemo concentration, thrombocytopenia and a typical lymphocytosis is the hallmark for preliminary diagnosis [1]. Focusing on oral manifestation, it is not common. In this brief article, the author discusses on oral presentation of dengue.

Oral presentation in dengue: A rare presentation

As already note, the oral presentation in dengue is not common. Mithra et al. noted that “oral lesions are rare to occur and if present, are often mistaken for platelet abnormality [2]”. Mithra et al. mentioned that oral presentation in dengue is “a variety of mucocutaneous manifestations [2]”. Pontes et al. noted that oral manifestations of dengue infection are

commonly reported as gingival bleeding, but detailed description of oral alterations in the context of dengue infection is lacking in the literature [3]”. Pontes et al. noted that the “presence of gingival and lipreddish swelling” in dengue was the observation that requires “oral evaluation of patients with symptoms suggestive of dengue, especially in known endemic regions [3]”. Acute gingival bleeding is the exact important complication in severe dengue hemorrhagic fever that is usually missed by practitioner [4 – 5]. According to the report by Murillo-Llanes et al., “gingival bleeding and epistaxis were associated to thrombocytopenia below 39 000/mm³ [6]”.

Dental problem in Dengue

Focusing on the dental problem in dengue, there are very few reports on this issue. In fact, the dengue patient can have mild symptoms and this might not be noticed by the practitioner. The problem in dental manipulation can be expected. Dubey et al. recently reported a case of post extraction bleeding following a fever in a patient with dengue [7]. Dubey et al. noted that “although a major sequel of DHF is bleeding secondary to thrombocytopenia, prolonged hemorrhage as a result of extraction of tooth has not been reported” and mentioned for the necessity for concern on this dengue related problem.

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