
ONE DISEASE WITH MULTIPLE FACES

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One disease with multiple symptoms and multiple presentations, this time reported in Khyber Pakhtunkhwa as epidemic, yes, I am talking about dengue fever.

Dengue fever is one of the mosquito-born infections¹, transferred from one person to another by mosquito bite. The exact history is not known, but most of the cases were reported after Second World War. Nowadays, it is present throughout the world infecting up to 500 million people in more than 110 countries around the globe. It is reported that around 10 to 20 thousand people die annually due to dengue fever throughout the world. It is now considered as one of the most dangerous but equally neglected tropical disease.

In Pakistan, its first outbreak was reported in 2014 and after that it follow different courses. The first dangerous outbreak in Khyber Pakhtunkhwa and Peshawar was reported in 2017. But unluckily since then, its number is increasing. It is considered as one of the most reported disease by national media in Pakistan. Due to its strange name for the general public and some reported mortality, it is considered as a dreadful disease in the community. Severity of symptoms and fear of death compel every patient with fever to rush to the hospital and request for dengue test.

In 2019, again there was an outbreak throughout the country. But this time, presentation was very atypical in a set of patients that created a lot of problem to diagnose such patients clinically with suspected dengue fever and decide about their investigations. These atypical manifestations were really confusing². In one set of patients who presented with classical symptoms of upper respiratory tract, characterized by cough, sore and congested throat, fever and body aches. Initial impression was made of common cold or viral upper respiratory tract infection. But later, the patient turned out to have low platelets and dengue fever. In another set of patients, the presentation was fever, body aches, severe epigastric pain, vomiting and diarrhoea. Initial impression was made of acute gastroenteritis, but later the patients were found to have dengue fever. We also observed loss of appetite, body aches, constipation, nausea and abdominal pain mimicking like enteric fever, but later most of these patients were found to have dengue fever. Luckily, severity in new cases was not observed and most of them were managed as outdoor patients. Admission was needed usually for those cases, which presented with recurrent dengue fever or in those patients who were suffering with other concomitant disease like chronic renal failure and chronic liver disease. Mortality in dengue fever was mostly reported with recurrent dengue fever and in patients having cardiac, renal, respiratory and hepatic problems³.

Dengue fever is now one of the leading health problems in our country. Still we must run a long way to fight against it. We must know about all the aspects of the disease, including its different clinical presentations and complications. If someone gets infected with one of its genotypes, it confers immunity against that genotype of dengue virus for life. But infection with another genotype of dengue virus in the form of recurrence can lead to severe infection and thus increase chances of mortality⁴. So, let's keep a close watch on the different clinical presentation to diagnose recurrence timely and manage it

appropriately in future. We need to educate and train our health professionals to fight this war against dengue fever in a more professional way in future.

We should also educate our community to adopt measure, which can prevent its spread in future. Our ignorance towards cleanliness as nation can put the whole society at greater risk in future. Future epidemic with different genotype will be dreadful. All these measures will work, if we concentrate more on prevention and follow the lesson of Islam about cleanliness and adopt it in true spirits. Commitment from the state agencies, policy makers, health professional and responsible community can decrease the future epidemics.

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