

Usage of Ultrasonography in the Diagnosis of Dengue Fever

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ABSTRACT: To evade passing it is important to recognize extraordinary dengue from those that don't gain inconveniences. The point of this deliberate audit was to evaluate the nature of the indicative trial of ultrasonography in isolating extraordinary dengue from nonsevere dengue; and to decide if ultrasonography/ultrasound might be utilized over the span of dengue disease as a prescient (screening) and demonstrative strategy. A computerized mission was finished by OvidSP stage in different information bases. The included exploration were accomplice research performed somewhere in the range of 1995 and 2016 in which the dengue blood test checked occasions. Dengue frequency was estimated and differentiated utilizing typical WHO sources. Two free surveys assessed the diagnostic consistency of the paper by the utilization of the QUADAS-2 instrument. This investigation secured a sum of 12 analyses after sufficient screening. Generally there was a poor and unsure possibility of bias in the included exploration. Seven out of nine preliminaries differentiating extraordinary dengue and no genuine dengue led gallbladder ultrasonography with an affectability of 24.2-100% and a scope of 13.2-98.7 percent (divider thickness cutoff-3 mm). Different boundaries, for example, assortment of splenic sub capsular liquid, pericardial liquid, and assortment of hepatic subcapsular liquid had an exactness of > 90%, despite the fact that the affectability was low. There was minimal evidence that ultrasonography is prepared to do dependably isolating outrageous dengue from nonsevere dengue. It was unrealistic to construe the prescient and indicative significance of ultrasonography attributable to lacking documentation on the transience of the ultrasonography according to the analysis. In any case, so as to encourage clinical assessment, it might go about as an aide assessment.

KEYWORDS: Accuracy; dengue; imaging; investigation; severity; ultrasonography

I. INTRODUCTION

Dengue Fever is an intense mosquito intervened viral contamination set off by 1 of 4 serotypes of the variety Flavivirus (DEN-1, DEN-2, DEN-3, and DEN-4). It is the most pervasive arboviral illness in the world.¹ In the tropical districts of South East Asia and the Western Pacific locales, dengue fever (DF) has been perceived for more than a century.² Over the most recent 20 years, a significant ascent in the commonness of this irresistible malady has emerged and dengue has become a significant worldwide general medical problem as of late. It was known to be the most extreme irresistible infection spread by tropical mosquitoes in 1998, surpassed distinctly by malaria.³ It is presently pervasive in excess of 100 nations and influences in excess of 2500 million individuals' prosperity, for example 40% of the world 's populace. With 500,000 instances of Dengue Hemorrhagic Fever, 10 million exemplary dengue contaminations are relied upon to happen every year. Its mortality fluctuates from 1-5 percent of treated patients to up to 50 percent of untreated or inappropriately oversaw patients, generally among young people, coming about in any event 12,000 passings yearly.

Traditional dengue, the milder type of the infection, and Dengue Hemorrhagic Fever (DHF), the extraordinary structure, are two assortments of the illness. The earnestness of this issue is grouped into four classes. Fever, general impacts and positive tourniquet test are characterized by Grade I, which is milder, and extraordinary Grade IV that demonstrates stun and imperceptible vein strain. The thrombocytopenia and haemoconcentration emerge in the two phases. Despite the fact that there are no different estimates that can be utilized to determine the malady to have a satisfactory level of particularity and strength, the finding of DF related to serology is reliant on clinical looks. Positive serology (hostile to dengue immunizer) is the key in the conclusion of DF.⁵ however serology requires around 7 days to convey a positive result.⁶ DF finding is some of the time delayed because of the period needed to get the serology test results. Likewise, this assessment is expensive, and not promptly available. Ultrasonography (USG) is a non-obtrusive imaging measure which is cheap, quick and promptly open. A few reports have set up lately that ultrasonography of the chest and mid-region might be a huge expansion to the clinical profile of the analysis of DF and might be recognized right on time all through the cycle of the sickness comparative with different methods of diagnosis.³ It can be utilized in patients with affirmed DF as a first-line imaging methodology to distinguish early manifestations demonstrative of the illness before getting the infection.

In a few literary works, sonographic aftereffects of DF were distinguished. A few authors recommended that the ultrasound aftereffects of thickening of the nerve bladder divider with or without polyserositis in a febrile patient during a flare-up could show the probability of DF/DHF.⁴ The alterations

recorded contrast because of the reality of every circumstance. Ultrasound brings about a milder kind, as indicated by past exploration, incorporate pleural emission, ascites, thickening of the nerve bladder divider, hepatomegaly, splenomegaly, pancreatic broadening, pericholecystic liquid and pericardial radiation. Outrageous ailment is recognized by per renal and standard renal liquid collection, hepatic and splenic sub capsular liquid stores, pericardial emanation, pleural emission, as refers to, thickening of the gallbladder column, hepatomegaly, splenomegaly, intraparenchymal hepatic hemorrhages, and amplification of the pancreas.

Review

Dengue is the most huge mosquito-borne viral infection on the planet today. Roughly 3 billion individuals overall live in territories in danger for transmission of the dengue flavivirus by the *Aedesegypti* mosquito, and an expected 100 million individuals overall are tainted with the infection every year.



Figure-1: Aedes aegypti mosquito

Dengue infection flare-up, inferable from moving populaces, urbanization, the atmosphere and unfamiliar travel, is the most rapidly flowing vector-borne sickness. It gives off an impression of being a danger to pre-predominantly kids in excess of hundred tropical and sub-tropical nations. In affected nations, Dengue frequently welcomes a critical monetary strain on the medical services framework, since many harrowed seek after consideration for their manifestations. The spike in DF is ascribed to unchecked populace development and urbanization without sufficient water security, the overall spread of dengue strains through movement and exchange, and the disintegration of vector control programs.⁹ In India, the issue is considerably more extreme since the National Institute of Communicable Diseases, New Delhi, has recorded in excess of 50 flare-ups since 1963.

Life pattern of Aedes Aegypti mosquito

Aedes Aegypti experiences a total transformation for example egg, hatchling, pupa lastly the grown-up stages as appeared in picture 2.

Egg

Number of eggs created by female *Aedes Aegypti* relies upon the amount she takes of the blood supper. A yellow mosquito as a rule lays 100 to 200 eggs in an assortment. In the quickly lowered regions, eggs are laid like a tree gap or in man-made barrels. The eggs can incubate into hatchlings inside two to seven days, contingent upon temperature and climatic variables.

Hatchling

Dissimilar to other mosquito hatchlings, *Aedes Aegypti* has minuscule, white to brown hatchlings in shading. Their hatchling is frequently characterized when 'wigglers' when they squirm while diverting themselves. It experiences four formative stages; in ideal conditions, the underlying three stages are quick while the fourth requires three days. The hatchling of *Aedes Aegypti* may stay together in water for quite a long time after the fourth hatchling period of *Aegypti* enters the pupae stage, however under troublesome conditions.

Pupae

Aegypti is for the most part alluded to as a 'tumbler' now as it is arranged on the head of the water and frequently inhales via air cylinders and trumpets. It takes around two days for Pupae to develop into a grown-up.

Grown-up Stage

The grown-up *Aedes Aegypti* ingests air after pupae stage for broadening their stomach and isolating the instance of the pupa. The grown-up *Aedes aegypti* is bit by bit moving from the water surface to the wet regions for rearing and beginning the existence cycle once more. A grown-up *Aedes aegypti*'s life cycle relies upon the conditions of the atmosphere and can run from about fourteen days to a month.

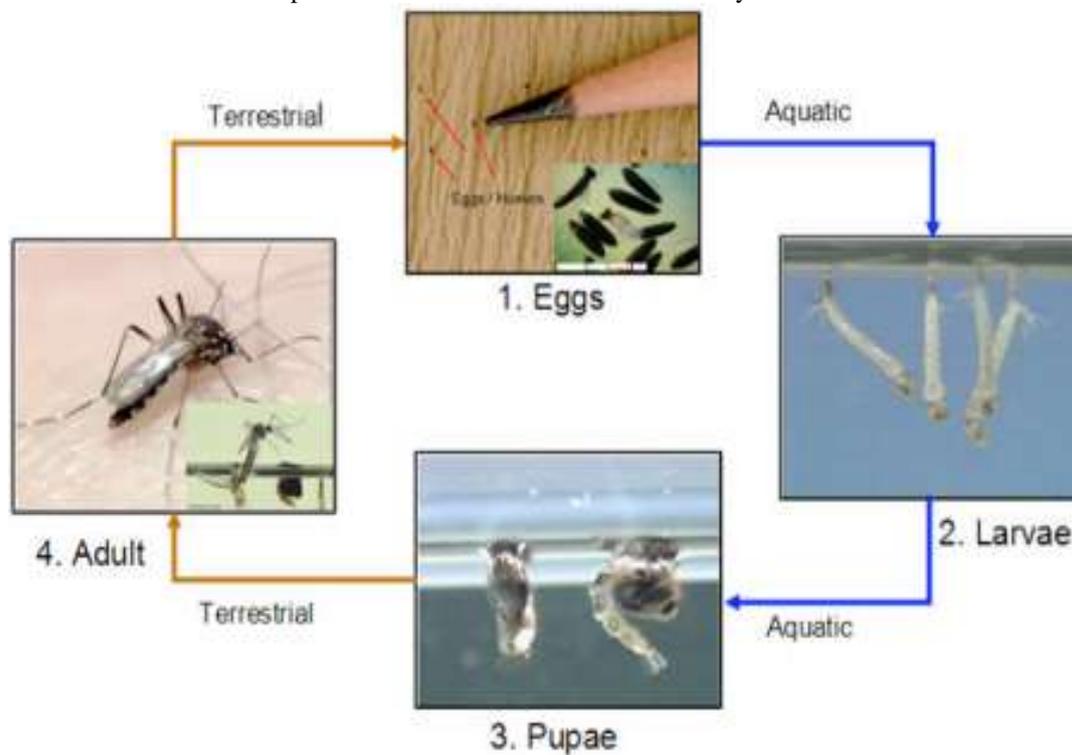


Figure-2: Life cycle of aedes aegypti mosquito

Epidemiology

The primary notice of a potential instance of DF is in a Jin Dynasty Chinese clinical reference book (265–420 AD) which identified with a "water poison" associated with flying insects.¹¹ Accounts of pestilences have been created in the seventeenth century, in spite of the fact that the most conceivable early records of dengue plagues go back to 1779 and 1780, when a flare-up overwhelmed Asia, Africa and North America.¹¹ From that point on, transmission by the *Aedes* mosquitoes was accounted for in 1906, and dengue in 1907 was the subsequent pandemic (after yellow fever) discovered to be brought about by a virus.¹²

Environmental harm has been because of the articulated episode of dengue previously and since the Second World War. A similar example has added to the dispersal of numerous infection serotypes to new areas, and to the coming of hemorrhagic fever in dengue. In the Philippines, this extraordinary sort of the infection was first recognized in 1953; by the 1970s, it had been a noteworthy reason for baby mortality and had built up in the Pacific and the Americas.¹¹ In Central and South America, Dengue hemorrhagic fever and dengue stun condition were first recorded in 1981, as DENV-2 was communicated by individuals who had just been beset with DENV-1 numerous years sooner.

Standards for determination of DHF24, 25

(a) Clinical highlights

1. Pyrexia – Sudden beginning, high evaluation, enduring 2-7 days.
2. Hemorrhagic appearances as at any rate one of the accompanying: - Petechiae, purpura, ecchymosed.
3. Epistaxis, gum dying, seeping from mucosa, gastrointestinal lot, or infusion site - Hematemesis and additionally malena
4. A positive tourniquet test: In this test a sphygmomanometer sleeve is swelled on the arm to point halfway among systolic and diastolic weights for 5 minutes. A positive test is pronounced when > 20 petechiae show up in a 2.5 cm square (or 3 cm breadth hover) on the skin surface on the lower arm. In patients in stun, the test normally gets positive in the event that it is performed after recuperation from stun. The test might be negative or just somewhat sure (> 10 petechiae/2.5 sq cm) during the period of significant shock.²⁴⁻²⁵

3. Hepatomegaly.



FigureN4: "positive" tourniquet "test" showing ">20" petechiae "in" "2.5cm" square "on" the "skin" surface "of" forearm.

OBJECTIVES

- 1 To demonstrate the ultrasound findings of dengue fever.
- 2 To evaluate the specificity of gall bladder findings in dengue fever.

II. REVIEW OF LITERATURE

SRS de Hadinegoro (2012). Dengue (DEN) infection has a place with the flaviviridae family, class flavivirus, which is held in nature by a circle of "human-mosquito-human." Dengue fever was first announced during the Second World War yet had recently been referenced in the antiquated Eastern side of the equator. The importance of the word dengue is questionable, on the grounds that throughout the long term, dengue-like fever has been named by various terms. In a Chinese reference book on disorder, signs and fixes, distributed in 610 A.D and again in 992 A.D, the most seasoned archive recognized to date is.

Daumerie D, Savioli (2013) However, the term dengue most unquestionably starts from Swahili, which justifies an unexpected spasm as a seizure set off by a "terrible soul." The very much portrayed indications of Dengue fever were accounted for on all mainlands with the exception of Antarctica during the 1780 plague in Philadelphia. It is for the most part present in tropical and subtropical nations, yet in Africa it is only occasionally recorded.

Gubler DJ.(2014) Black Africans might be hereditarily safe and incidentally express genuine sickness, despite the fact that there has been a solid predominance of antibodies. Dengue was seen all through the nineteenth century as an occasional sickness that just set off pestilences during long haul periods. Changes have emerged, however, and dengue is really esteemed the world's most genuine irresistible ailment conveyed by mosquitoes. Its event has ascended by multiple times in the course of recent years with flare-ups occurring in five of six WHO nations.

Sai PV, Dev B, Krishnan R.(2013) In the eighteenth and nineteenth hundreds of years, the principal vector, *Aedes aegypti*, was set up as the ascent of port urban communities and the monstrous development of delivery. *Aedes aegypti* and *Aedes albopictus* are metropolitan mosquitoes conveying dengue infections that join the metropolitan cycle promptly and spread infections to people. Biological pulverization happened in Southeast Asia and stable auditoriums all through World War II, which created ideal conditions for viral transmission and an ascent in mosquito-borne sickness during the Second World War. Sylvatic infections are spread inadequately by these mosquitoes, demonstrating that zoonotic infections don't rapidly arrive at the human populace.

In any case, wild mosquitoes (for instance, *Aedes leutocephalus* and *Aedes furcifer*) are probably going to endure metropolitan infection. Metropolitan infections have not been secluded in Africa from defiled sub-primates. Dengue infection was first distinguished in Japan in 1943 by immunization of serum of patients in nursing mice In 1944, in a few territories of the world, including Calcutta, the infection was separated from the sera of US troopers.

Mehdi SA, Mahais AH, Bhukhari H, Aslam(2015) The DHF episode initially showed up in Manila , Philippines somewhere in the range of 1953 and 1954. Primate contamination might be asymptomatic yet with viremia developing at sums that are sufficient to taint mosquitoes. Topographically, dengue in Asia has spread from Southeast Asian nations west to India, Srilanka, Maldives and Pakistan and east to China In 1997, dengue infections and *Aedes aegypti* mosquitoes were appropriated worldwide in tropical and subtropical nations.

Setiawan MW, Samsi (2016) Ashburn and partners were the first to guarantee that DENV is the causative operator for DF and they distinguished two infection serotypes, serotype 1 and serotype 2 (37), while

the other two serotypes, serotype 3 and serotype 4, were disengaged distinctly during an episode in Manila , Philippines in 1956. William Mcd Hammon and colleagues did this investigation utilizing tests gathered from youngsters creating hemorrhagic fever (38). From that point forward, regardless of the number of infections have been distinguished or recognized, the sum total of what DENVs have been formed into four serotypes with antigenic partners.

(2017) Virus Taxonomy The dengue infection (DENV) is a solitary positive-abandoned mosquito-borne RNA infection of the family Flaviviridae; request Nidovirales; class Flavivirus; and is the causative specialist of dengue fever³⁹. Colbert JA, Gordon A, Roxelin R, et al. The Flaviviridae is a wide group of arboviral microbes liable for causing genuine illness and demise in people and creatures and comprising of three genera: Flavivirus, Pestivirus, and Hepacivirus. While bother infections and hepaciviruses have genome replication techniques near those of flaviviruses, they are antigenic partner particular, not arthropod-borne, and speak to genealogies that could have separated from the get-go in the family 's advancement.

Mosquitoes borne infections, for example, Japanese Encephalitis Virus (JEV), Murray Valley Encephalitis Virus (MVE), West Nile Virus (WNV), Kunjin Virus (KUN) and DENV have been accounted for, including in excess of 70 types of flavivirus. DENV has a place not with a specific individual from the gathering of flavivirus however to a complex of four firmly related infections, DENV-1,2,3 and 4. Introductory examinations indicated that DENV prompted comparative disorder yet was discernable dependent on gaining strength serum's capacity to dodge disease with the equivalent serotype.

Atomic investigations have acknowledged the serological portrayal of four unmistakable serotypes (44). The principal confirmation of hereditary varieties between the DENV of the equivalent serotype was found by RNA finger printing tests, an unrefined strategy that didn't give discoveries that were carefully tantamount between the strains. Sub-atomic methodologies, for example, DNARNA hybridization, engineered oligonucleotide hybridization and RT-PCR item limitation investigation were likewise used to show hereditary decent variety inside each serotype.

Santhosh VR, Patil PG, Srinath MG, et al.(2016) Methods of nucleic corrosive sequencing and phylogenetic investigation empowered the ID inside each DENV serotypes of various genomic subgroups called genotypes. Inside each serotype, numerous topographically particular genotypes are recognized. South Asia and more seasoned segregates of infections from Hawaii and Japan from the 1940s South Asia (Genotype I) involves infections from South Asia and more established disengages of infections from Hawaii and Japan from the 1940s, Thailand (Genotype II) contains more established disconnects of infections from Thailand from the 1960s, Sylvatic (Genotype III) contains a Malaysian sylvatic variation, South Pacific (Genotype IV) incorporates South East Asian variations, S Six genotypes are connected by DENV-2.

Sachar S, Goyal S, Sachar S.(2014) The Asian-II genotype that incorporates the New Guinea C strain model and South East Asian and American infections, the American genotype that incorporates Latin American, Caribbean and Pacific Island infections, the American/Asian genotype that incorporates monkey-confined infections in Africa and the Cosmopolitan genotype that has a wide topographical range

DENV-3 was grouped at first into 4 genotypes South Pacific (Genotype I) contains infections from Indonesia Malaysia, Philippines and South Pacific, Asian (Genotype II) involves infections from Thailand, Indian subcontinent (Genotype III) is spoken to by infections from Sri Lanka, India, Africa and America and American (Genotype IV) includes Puerto Rican infections. As of late it has been proposed that there exists another gathering named Genotype V with infections detached from Brazil, Philippines, and China. DENV-4 was at first characterized into two unmistakable genotypes. South East Asian (Genotype I) incorporates infections from the Philippines, Thailand and Srilanka, the Indonesia (Genotype II) incorporates infections from Indonesia, Tahiti, Caribbean Islands and Central and South America A third genotype of DENV-4, the Sylvatic genotype, was recognized which incorporates sylvatic segregates

Examination METHODOLOGY

We played out an imminent investigation at K.V.G Medical College Hospital, Sullia, DK. The examination included 60 patients with clinical worry of dengue fever admitted to the Department of Radio-Diagnosis and Imaging for Ultrasonography, during the span from November 2010 to July 2012. In the two examples, USG was directed on the liver, pelvis and chest and the outcomes were accounted for. Dengue serology was in the end directed and all the ultrasound investigations were reliable with dengue serology.

Information ANALYSIS

In our example of 60 patients, dengue fever reliant on dengue serology was analyzed in all the patients reviewed. 100% of our patients determined to have DF (by dengue serology) detailed thickening of the nerve bladder divider in our example, 90% revealed splenomegaly, 46.7% demonstrated ascites. In 31.7 percent, pleural emanation was available, 60.7 percent of which was reciprocal pleural radiation, and the staying 36.9 percent was correct sided. Our examination didn't discover free left sided pleural emanation. 25 percent of our patients have hepatomegaly. Mortality and entanglements from dengue fever were not seen in our examination.

III. CONCLUSION

Ultrasound aftereffects of dengue fever incorporate thickening of the nerve bladder divider, splenomegaly, as referred to, pleural emission and hepatomegaly. On ultrasonography, when there is nerve bladder divider thickening, splenomegaly, ascites, and pleural emanation in a febrile patient with thrombocytopenia in a DF pestilence district, when there is nerve bladder divider thickening, splenomegaly, as refers to, and pleural radiation in a febrile patient with thrombocytopenia in a DF pandemic region, a conclusion of DF ought to be considered in a differential finding

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