

# Varied presentation of patients having fever with thrombocytopenia at GMC Latur

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## Abstract

**Objectives:** To study the clinicoetiological profile of thrombocytopenia and complications associated. **Material and Methods:** All patients less than 12 yr admitted over period of 12 months in GMC Latur having thrombocytopenia on peripheral smear or CBC. **Results:** Total 190 children with thrombocytopenia admitted over study period out of that 124(65%) were males and 66(35%) were females. Mean age of presentation was 6yr(range 9month-12 yr). Fever (75%) was most presenting complaint followed by abdominal pain (50%) and vomiting (21%). 179(94%) patient were cured and 11(6%) were died of that septicemia 6(54%) was leading cause of mortality f/b viral haemorrhagic fever 2(18%). **Conclusion:** Thrombocytopenia was the most common haematological finding and may be of diagnostic importance. Infections like Dengue, Enteric fever and Malaria Followed by Megaloblastic Anaemia were most common causes in our area .

**Key words:** clinical profile, Trombocytopenia, Dengue fever, Infection

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## INTRODUCTION

Platelet count below normal limit i.e <1.5 lac is called thrombocytopenia, it is most common cause of bleeding in children<sup>1</sup>. Affected children may presents with petechaie, epitaxis, gum bleed, hematuria and GI bleeding ,Child normal with physical examination and mucocutaneous bleed should be suspected Acute ITP<sup>2</sup>. Dendue fever is the most important of the arboviral infections of humans, although unique disease characteristics in infants is Caused by the four serotypes of the dengue flavivirus and transmitted by mosquitoes, dengue affects an estimated 50–100 million people annually around the world, principally in tropical and

subtropical regions<sup>3</sup>. Dengue virus (DEN) causes a spectrum of clinical disease ranging from the self-limited dengue fever, usually accompanied by arthrolgia, myalgia, and headache, to dengue hemorrhagic fever (DHF) marked by thrombocytopenia, hemorrhagic manifestations, and increased vascular permeability (plasma leakage), to dengue shock syndrome (DSS), which when untreated may lead to death. The infecting serotype and an individual's previous exposure to other DEN serotypes are known to influence disease severity<sup>4</sup>. Infection is a common cause of thrombocytopenia. Detection of thrombocytopenia associated with fever helps to narrow differential diagnosis and management of fever. It also helps to know the various complications of thrombocytopenia and its management.

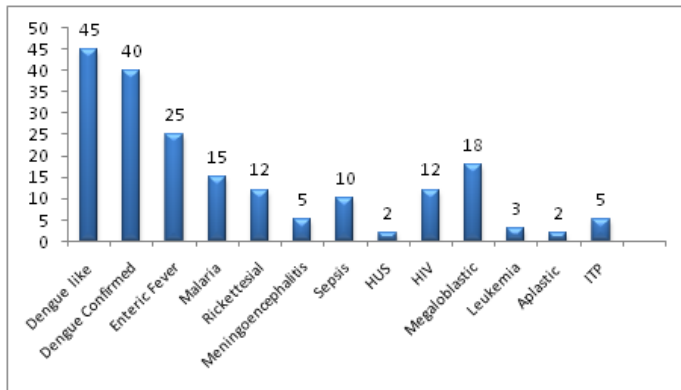
## MATERIAL AND METHODS

Retrospective, hospital based study conducted in paediatric ward, GMC Latur. All patients less than 12 yr admitted over period of 1 yr from Aug 2012 to Aug 2013 who have thrombocytopenia on peripheral smear or CBC were included in the study. There detailed history, general and systemic examination and relevant investigation done. There complications and outcome studied.

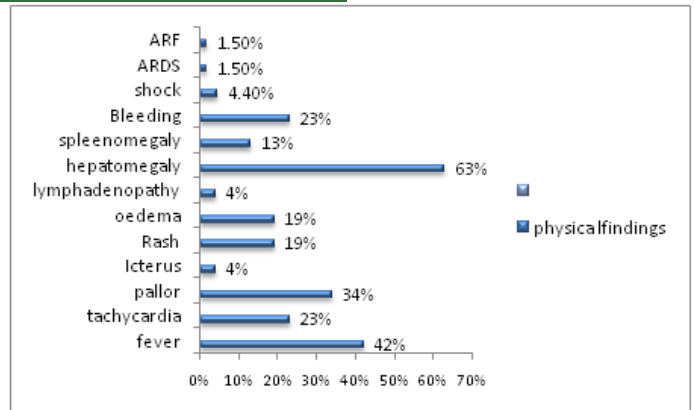
## RESULTS

**Table 1:** Common Presenting symptom in Patients with thrombocytopenia

Symptoms	Number of patients (190)	Percentage(%)
1.Fever	143	75 %
2.Abdominal Pain.	80	50 %
3.Vomiting.	40	21 %
4.loose motion	30	15%
5.Rash	37	19%
6.Oedema	37	19%
7.Cough	35	18%
8.Paleness of body	25	13%
9.Bleeding	15	8%
10.myalgia/bodyache	10	5%
11.Convulsion	08	4%
11.RespiratoryDistress	05	2.5%



**Figure 1**



**Figure 2**



**Figure 3**



**Figure 4**

**Legend**

**Figure 1:** Various Diagnosis of patients with thrombocytopenia

**Figure 2:** Physical findings in patient with thrombocytopenia

**Figure 3:** Picture showing Dengue Hemorrhagic Fever

**Figure 4:** Picture showing leukemia

Total 190 children with thrombocytopenia admitted over study period out of that 124(65%) were males and 66(35%) were females. Mean age of presentation was 6yr(range 9month-12 yr). Fever ( 75%) was most presenting complaint followed by abdominal pain (50%) and vomiting (21%).Most common physical finding was

hepatomegaly 120 (63%) f/b fever 80 (42%) and pallor 65 (34%).Bleeding manifestation seen in 45 (24%)patient of which petechiae/ purpura 20(11%) ,malena 18 (9.5%) and hematuria 4 (2%) were most common manifestation. Infection particularly Dengue like illness 45 (23%),confirmed dengue 40(21%) out of that DSS were

05(12 %) and Dengue Hemorrhagic Fever 08 (20 %), Enteric fever 25 (13%) ,Malaria 15(7%) were most common etiology f/b Megaloblastic anaemia 18 (9%). 179 (94%) patient were cured and 11 (6%) were died of that septicemia 6(54%) was leading cause of mortality f/b viral haemorrhagic fever 2(18%).

## DISCUSSION

Fever, Abdominal and Vomiting were common findings in our study, similar studies were done by Manjith Narayanan *et al* ,Srivastava VK *et al* , Bethell DB *et al* , Aggarwal A *et al* , and hepatomegaly was also the most frequent sign in these children, Manjith Narayanan *et al* observed confirmed Dengue 59 cases, of which 5 were DSS, 11 were DHF and in our study 05 DSS, 08 DHS were observed. Amieleena Chhabra *et al* studied that Megaloblastic Anaemia was most common cause 29 % and in our study it was 09%. Malarial fever (50%) was most common cause observed by Bahwaluddin Jamro *et al* compared to our study 7%.

## CONCLUSION

Thrombocytopenia was the most common haematological finding and may be of diagnostic importance. Infections like Dengue, Enteric fever and Malaria Followed by Megaloblastic Anaemia were most common causes in our area.

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