



Dengue and Colorectal Disease

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Dear Editor,

Dear Editor, mosquito borne infectious diseases are an important group of infections. The arbovirus infection is the present global public health consideration. The disease is observable in several countries. Of several mosquito-borne infectious diseases, dengue is an important arbovirus infection (1). This viral infection is seen in several countries. This viral infection usually manifests as acute febrile illness. The hemorrhagic complication due to the thrombocytopenia is common in dengue (1). The main clinical problem due to dengue is fever and hemorrhagic problem. The atypical clinical presentation can also be seen. The inter-relationship between dengue and other medical disorders is interesting. The inter-relationship between dengue and colorectal disease is very interesting yet little is mentioned in the literature. In this article, the authors specifically discussed on this specific issue.

An atypical clinical presentation is possible in dengue. The colorectal manifestation in dengue has been limited in the literature. An important consideration is bleeding in the colorectal area. This is a possible problem in severe dengue patients with profound thrombocytopenia. According to a recent report from Pakistan, 7.5% of dengue patients presented fresh bleeding per rectum (2). Over anal bleeding due to dengue is possible and should be investigated in dengue patients (2, 3). Nevertheless, bleeding sometimes occurs internally. The Ogilvie's syndrome, which is an acute colonic pseudo-obstruction of part or all of the colon and rectum without mechanical obstruction, can be seen in the patient with dengue (4). The pseudo-obstruction in this case is due to colonic swelling due to hemorrhage (4). Dengue can also cause colitis. Acute inflammatory colitis might be observable. The patient might have lower gastrointestinal bleeding and have other gastrointestinal abnormalities, such as abnormal liver function test (5). There is also a case report on this condition in

dengue infection in renal transplant recipient (6). The diagnosis of this pathological condition is usually by colonoscopic or sigmoidoscopic investigation (5, 6).

Nevertheless, the concurrence between dengue and other medical disorders is possible. The coexistence between dengue and other colorectal disease is interesting. Focusing on hemorrhoids, a common anorectal disease, the coincidence with dengue has been reported in the literature. In a report from Brazil, 1.6% of dengue patients have hemorrhoids (7). Nevertheless, there is no observed effect of dengue on hemorrhoids. No severe hemorrhoids bleeding occurs in dengue patients (7, 8). Another interesting issue is dengue infection in patients with colon cancer (9). The course of infection in the cancerous patients is usually not severe and the standards of clinical dengue management is sufficient.

In conclusion, the colorectal manifestation of dengue is possible yet little has been mentioned. The practitioner might forget about this kind of manifestation. Dengue can also exist in the patients with underlying colorectal disease and the intensive management of the additional problem due to dengue, especially for thrombocytopenia is required.

Footnotes

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