

**PP051 ANTIPLATELET IN DENGUE  
PATIENT WITH ACUTE  
CORONARY SYNDROME: A  
TREATMENT TURNED  
MISFORTUNE**

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**ABSTRACT**

Dengue infection is one of the most important communicable diseases in tropical countries, and it shows a rise in incidence in recent years, including in Malaysia. There is no specific treatment for dengue, but medical care by experienced physicians has been shown to reduce mortality. Still, treating dengue remains a challenge due to its dynamic clinical course, even more so in those who have comorbidities.

We report a case of an elderly woman with underlying ischaemic heart disease who presented with dengue fever at day 3 of her illness and simultaneously had been having typical angina pain for a few days prior to presentation. She had no warning signs; her vital signs were stable and physical examination was unremarkable. The ECG showed ST depression in V2–V6. Her laboratory values revealed haemoglobin 14.7 g/dL, white blood cells  $7.9 \times 10^3/\mu\text{L}$ , platelets  $143 \times 10^3/\mu\text{L}$ , haematocrit 41.5% and positive NS1 antigen. A diagnosis of dengue fever and acute coronary syndrome were established. The patient was administered a single dose of double antiplatelet and anticoagulant in the ED, but it was discontinued on the ward. The patient developed an intracranial bleed on the ward at day 7 of her illness, and she succumbed to death at day 8 of her illness after the intracranial bleed worsened, which was noted on a repeat CT scan.

There is no clear recommendation for an antiplatelet in dengue, but some literature has shown that an antithrombotic can be given in both dengue patients and patients with thrombocytopenia with

diligent monitoring. In general, they propose avoidance of an antiplatelet, but management is on a case by case basis and should strike a balance between the benefit and risk. In this patient, the HAS BLED score was 2, indicating low risk. Equally important is consensual interdepartmental agreement on the management of dengue patients for the utmost benefit of the patient.