Minimally Invasive Surgery in Dengue Patient
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Dear Editor,

Dengue is an important arbovirus infection that becomes the public health threaten in several countries, at present. The expansion of the endemic area to non-tropical area results in new emerging infection in several countries. The dengue is generally an acute febrile illness with hemorrhagic complication (1). The hemorrhagic complication in dengue has a wide clinical spectrum and it is sometime serious (2). The requirement of surgical management is sometimes an important concern for the surgeon. Some dengue patients with severe bleeding such as massive gastrointestinal bleeding might need surgical management and the minimally invasive surgery plays an important role in those cases. The endoscopic management is proved useful in that situation (3, 4). Nevertheless, the transfusion is usually required for correction of the hemostatic problem in those cases since only endoscopic injection treatment is usually not adequate for management (5). The recommendation on using minimally invasive surgery in dengue patient is still controversial. Some studies report that, the minimally invasive surgery in dengue patient is discouraged due to the limitation of effectiveness (6). According to a recent report from Malaysia, Ng et al. concluded that “early surgical intervention in perforated gastric ulcer is vital in preventing further complication and reducing the risk of mortality (7).” In case with suspicious hemoperitoneum due to dengue, the laparoscope approach is also reported as a safe diagnostic approach (8). In order to select a minimally invasive surgery in dengue patient, several considerations, especially patient’s condition are important. A supportive primary prevention by recombinant hemostatic agent should be considered in case with high risk (9). In case which require emergency surgery, the use of classical approach is indicated and the appropriated plan for platelet transfusion helps improve clinical outcome (10). A specific study in this issue is interesting and recommended.

Footnote

Conflict of Interest: None.

References
