Dengue in pregnancy

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Statement of the Problem: Dengue is being changing from a childhood illness in 1950s, to an adulthood illness, affecting mostly young adults. This has made dengue in Pregnancy an important topic. Many case reports suggest dengue in pregnancy has a much higher mortality rate than in non-pregnant young adults.

Theoretical Orientation: Physiological changes associated with pregnancy; such as changes in blood pressure, changes due to haemo-dilution, elevation of liver enzymes, physiological thrombocytopenia etc., can affect the pathophysiology in dengue Haemorrhagic fever (DHF) and may distort findings.

Recommendations: Pregnant dengue patients need early admission and more intense monitoring. Frequent Ultra Sound Scanning is necessary as gravid uterus makes clinical detection of pleural effusion/ascites in DHF difficult. Principles of fluid management of DHF are same as in non-pregnant patients but clinical findings should be interpreted carefully as pregnancy contributes to changes like tachycardia, tachypnoea. Avoid shock as the liver in these patients is very sensitive to hypoxia. Avoid fluid overload as larger pleural effusions and ascites will make the patient more dyspnoeic. Monitoring for evidence of plasma leakage and/or bleeding and judicious fluid/blood replacement promptly is key to the management. As the bleeding tendency is high, an intervention including Caesarean section (LSCS) has to completely avoid even if there is foetal distress; otherwise mother’s life would be in grave danger. If the mother goes into spontaneous labor during the critical phase, tocolytics may be used to delay the labor. Once the delivery is done, the baby has to be monitored for the development of dengue as vertical transmission may have occurred.

Conclusion: With changing epidemiology, dengue in pregnancy is increasingly becoming an important issue. Understanding how the physiological changes in pregnancy affects the pathophysiology in DHF and changing the management accordingly are important to reduce the morbidity and mortality in pregnant dengue patients.

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