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CARTA AL EDITOR

Afebrile dengue

Dear editor, the recent publication on dengue by Méndez-Domínguez et al. is very interesting[1]. Méndez-Domínguez et al. concluded that "*dengue fever in young infant infections may be afebrile, so it is important to suspect them appropriately in the presence of a generalised rash, tachycardia, and hypotension, in order to avoid the deadly consequences of dengue shock*[1]." I would like to share experience and discuss on the afebrile dengue. In fact, dengue can present without fever, especially for the case that receive antipyretic drug[2-3]. In Thailand, where dengue prevalence is extremely high, "*up to 20% had afebrile presentation*"[3]. Sometimes, the case has fulfill dengue triad (hemoconcentration, atypical lymphocytosis and thrombocytopenia) without fever[1,3] and it is difficult for diagnosis. Some patients might present only with complaint of malaise and myalgia[4]. In tropical countries, dengue should be included in differential diagnosis of any patient with acute illness regardless of fever.

References

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