Multiorganic clinical ultrasound in severe dengue patients

Anselmo Abdo-Cuza*; Juliette Suarez-Lopez; Juan C; Lopez-Gonzalez; Yanet Cordero-Vasallo
Surgical Medical Research Center, Havana, Cuba

**Corresponding Author(s): Anselmo Abdo-Cuza**
Surgical Medical Research Center, Ave 216 e / 11 and 13, Siboney, Playa, Havana Cuba
Email: aaabdo@infomed.sld.cu

Received: Mar 08, 2020
Accepted: Apr 06, 2020
Published Online: Apr 08, 2020
Journal: Journal of Clinical Images
Publisher: MedDocs Publishers LLC
Online edition: http://meddocsonline.org/
Copyright: © Abdo-Cuza A (2020). *This Article is distributed under the terms of Creative Commons Attribution 4.0 International License*

**Clinical image description**

Dengue is an infectious disease caused by dengue virus, belonging to the genus flavivirus and transmitted by mosquitoes, mainly *Aedes aegypti*. The disease is in three stages: Feverish, critical and recovery. It is at the critical stage where plasma extravasation occurs that can lead to hypovolemic shock and polyserositis. Criteria for severe dengue should be actively sought and include: hypovolemic shock and / or respiratory distress caused by excess fluid at the pulmonary level; severe bleeding and organ involvement (severe hepatitis, encephalitis or myocarditis) [1].

The introduction of clinical ultrasound as a bedside tool for the emergency physician and the intensivist can be helpful in the diagnosis of severe dengue [2,3].

**Figure 1:** Shows a small band of subdiaphragmatic peri-hepatic fluid; in 1B image of biliary vesicle with double contour compatible with the presence of perivesicular fluid; in 1C right pleural effusion; 1D splenomegaly with small band of perisplenic fluid.

Figure 2: Shows the collapse of the inferior vena cava with respiratory movements; in 2B the same finding in the internal jugular vein; 2C paraesternal long axis cardiac image of small band of pericardial effusion; 2D middle cerebral artery spectogram compatible with high resistance pattern.

Reference

