

中文題目：老年登革熱病患在急診的非典型表現

英文題目：Atypical presentation of dengue disease in the elderly visiting the emergency department

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Background: Dengue is characterized by a sudden onset of high-grade fever and often associated with non-specific constitutional symptoms. Fever is the third leading reasons for visiting the emergency department (ED) and is given as one of the chief complaint of all ED visits. Therefore, Dengue may be an important issue for ED clinicians in endemic area. Aging is associated with significant changes in the adaptive humoral and cell-mediated immunity, and poor cytokine responses to sepsis have been discovered in the elderly, which also lead to atypically clinical presentation and well-recognized increase in mortality among the elderly with various infections in previous investigation. However, only few investigations focusing on the elderly with dengue diseases were reported.

Materials and Methods: To compare the clinical characteristics between the elderly and young adult with dengue in the ED, demographic characteristics, clinical presentation, severity, laboratory characteristics, and outcomes determined from chart records were prospectively collected and analyzed as a case-control study.

Results: Of 193 adults with serologically confirmed dengue-infection in 2007, 31 (16.1%) elderly patients (≥ 65 years) was case patients and 162 young adult patients (<65 years) was regarded as control patients. A comparison with control patients, more patients with dengue hemorrhage fever (12.9% vs. 2.5%, $P=0.02$), a longer ED stay (13.3 hours vs. 8.6 hours, $P=0.004$), a longer length of the hospital stay (7.4 day vs. 3.4 day; $P<0.001$), a higher simplified acute physiology score II in the ED (29.7 vs. 17.4, $P<0.001$), having at least one comorbidity (61.8% vs. 22.8%, $P<0.001$) were discovered in the case patients. However, length of the intensive-care-unit stay (case patients, 0.7 day vs. control patients 0.3 day; $P=0.47$) and 14-day mortality (0% vs. 0.6%, $P=1.00$) were similar in both groups. Of note, for clinical presentation of dengue in the ED, more patient with fever alone (41.9% vs. 17.9%, $P=0.003$) and less patients (41.9% vs. 75.9%, $P=<0.001$) with typical presentation (defined as fever plus at least one of the following: bone pain, myalgia, arthralgia, retro-orbital pain, headache, and maculopapular rash) were discovered in the case patients than those in control patients.

Conclusions: For the ED elderly with dengue, a high proportion of fever alone was demonstrated in the study, suggesting that further surveillance and education for ED clinicians in recognition of atypical presentation of dengue.