Leptospirosis and dengue co-infection in a Brazilian Amazon patient

Coinfección por leptospirose e dengue em um paciente da Amazônia brasileira

Coinfección por leptospirosis y dengue en un paciente de la Amazonía brasileña

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ABSTRACT

Leptospirosis and dengue are two major urban health problems associated with high mortality. Acute co-infection with leptospirosis and dengue is an extremely rare event. The aim of the present report is to describe the first case of leptospirosis and dengue co-infection in a patient from the Brazilian eastern Amazonia.

Keywords: Leptospirosis; Dengue; Communicable Diseases; Enzyme-Linked Immunosorbent Assay.

INTRODUCTION

Leptospirosis and dengue are infectious diseases of global importance and are two of the many medical conditions responsible for undifferentiated febrile illness, especially in tropical and subtropical regions. The annual incidence of leptospirosis is estimated to range from 0.1-1.0 per 100,000 in temperate climates to 10-100 per 100,000 in the humid tropics, and incidences greater than 100 per 100,000 are encountered during outbreaks and in high-exposure-risk groups. Dengue fever is endemic in most tropical and subtropical areas of the world, and in 2007, nearly 1 million cases were reported in the Americas alone. Additionally, dengue viruses have been found to be the most common arbovirus infections in western South America, accounting for 26% of febrile episodes. However, leptospirosis and dengue co-infection is an extremely rare event, with only five cases previously reported in the English medical literature.

The aim of the present report is to describe the first case of leptospirosis and dengue co-infection in a patient from the Brazilian eastern Amazonia.

CASE REPORT

A previously healthy 41-year-old Brazilian Amazon man, a resident of a region in which rodents and insects are common, was admitted with a five-day history of high fever (41°C); abdominal pain; nausea; non-bilious and non-projectile vomiting; chills; arthralgia; intense myalgias, especially in the inferior extremities; and anorexia. There was no indication of bleeding from any site. The patient’s past medical history was unremarkable. On physical examination, the patient was febrile and dehydrated and had an erythematous rash all over the body. The liver was palpable 3 cm below the right costal margin, and the spleen was palpable 1.5 cm below the left costal margin. Laboratory analysis revealed that serum electrolytes and kidney function were normal. Routine hematological investigations showed 13,400 white blood cells/mm$^3$ and 119,000 platelets/mm$^3$. Liver tests showed alkaline phosphatase 531 U/L (normal 30-250), GGT 221 U/L (normal 15-90), AST 1432 U/L, and ALT 521 U/L. Electrocardiogram and chest x-ray were both within normal limits. The patient was managed symptomatically. Further investigations were directed to establish the specific etiology. A peripheral blood smear for malaria and a Widal test for enteric fever were negative. Serologic testing for hepatitis A, B and C and HIV was negative. Tube agglutination and ELISA-IgM serology for *Leptospira* were positive. Dengue IgM capture ELISA (MAC-ELISA) was also positive and confirmed acute infection by dengue virus type 1. The patient was maintained with medical support, and his condition improved. He was discharged 21 days after admission, at which time he was asymptomatic.

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97
DISCUSSION

Leptospirosis and dengue are two infectious diseases of global importance and are two of the many medical conditions responsible for undifferentiated febrile illness, especially in tropical and subtropical regions. Latin America, and particularly the Brazilian Amazon, represents an endemic region for these two infectious diseases due to the geographic and climatic aspects of the region and the socioeconomic characteristics of its population.

Leptospirosis is a worldwide zoonotic disease caused by pathogenic leptospires belonging to the genus *Leptospira*; this disease affects predominantly men. Its annual incidence is estimated to range from 0.1-1.0 per 100,000 in temperate climates to 10-100 per 100,000 in the humid tropics, and incidences of more than 100 per 100,000 are encountered during outbreaks and in high-exposure-risk groups. Dengue is an arbovirus-associated disease and is by far the most common arthropod-borne viral infectious disease responsible for human febrile illness in Latin America. In the last ten years, Brazil has accounted for nearly 70% of reported dengue fever cases in the Americas and has seen a 45-fold increase in the incidence of dengue from 2000 to 2002. Although leptospirosis and dengue are commonly seen in regions with poor socioeconomic conditions, such as some locations in the Brazilian eastern Amazonia, co-infection with these two pathogens is an extremely rare event, with only five cases previously reported in the English medical literature.

The vast overlapping spectrum of symptomatic manifestations of dengue and leptospirosis makes the clinical diagnosis challenging for treating physicians when acute co-infection is present. According to Kaur and John, in such cases, when undifferentiated fever is the main symptom observed, the only way to establish a specific diagnosis and rule out other infectious diseases is by serologic testing. Oliveira et al. demonstrated that many patients presenting with clinical symptoms of dengue are found to be positive for *Leptospira* sp. based on laboratory tests.

CONCLUSION

In conclusion, the present report reinforces the fact that leptospirosis and dengue are two important endemic infectious diseases in the Amazon region and have a similar clinical presentation. Therefore, laboratory testing is an important diagnostic tool and must be initiated as soon as clinical suspicion of both diseases is raised.

REFERENCES


