Dear editor, the recent publication on dengue by Méndez-Domínguez et al. is very interesting. 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." 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. In Thailand, where dengue prevalence is extremely high, "up to 20% had afebrile presentation." Sometimes, the case has fulfill dengue triad (hemoconcentration, atypical lymphocytosis and thrombocytopenia) without fever and it is difficult for diagnosis. Some patients might present only with complaint of malaise and myalgia. In tropical countries, dengue should be included in differential diagnosis of any patient with acute illness regardless of fever.

References


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