Case 2: A 3-years-old boy presented with fever for 5 days; vomiting and melena for 2 days; headache, decreased oral acceptance and cold extremities for 1 day. On examination, the child was in shock; pallor, pedal edema and mild hepatosplenomegaly were present. Fluid resuscitation started, and platelet concentrate given in view of thrombocytopenia (25 × 10⁹/L). BP normalized within few hours. The child had one episode of generalized seizure 10 hours following admission. In both of these cases, there were no signs of neck rigidity or any focal neurological deficit. Fundus examination, electrolytes, kidney and liver function tests were normal; and dengue serology was positive. Lumbar punctures were withheld due to thrombocytopenia. Neuroimaging was unremarkable.

The serotypes, most frequently implicated in causing neurological manifestations, are DEN2 and DEN3. The spectrum of clinical manifestations has been classified by Murthy into 3 categories, based on the pathogenesis. Firstly the ones, related to neurotropic effect of the virus viz. encephalitis, meningitis, myositis, rhabdomyolysis and myelitis. Secondly the ones, related to the systemic complications of infection like encephalopathy, stroke, hypokalemic paralysis and papilledema. Lastly, the post-infectious complications like ADEM, encephalomyelitis, myelitis, neuromyelitis optica, optic neuritis, Guillain Barré syndrome and various neuropathies. The most widely reported of these is encephalopathy (incidence, 0.5% to 6.2%). The possible underlying pathophysiological mechanisms described include encephalitis, i.e., inflammation of brain as a result of direct viral invasion or due to non-encephalitic mechanisms like edema, cerebral hypoperfusion, hemorrhage, hyponatremia, hepatic failure, renal failure and cerebral hypoxia.

With isolation of dengue virus as well as anti-dengue IgM from CSF, the possibility of dengue virus being neurotropic cannot be ruled out. This is further supported by the fact that dengue virus belongs to genus flavivirus, which includes neurotropic viruses such as, West Nile virus, Tick-borne encephalitis virus, Yellow fever virus, etc. These cases were diagnosed as dengue encephalitis according to the case definition, suggested by Varathraj. They had features suggestive of encephalitis viz. fever, headache, seizure and reduced consciousness, which were not explained by presence of any liver, kidney or electrolyte derangement; shock or any intracranial hemorrhage. This was further supported by positive anti-dengue IgM in the serum. These patients had complete neurological recovery as reported in most of the past studies.

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References

The effect of right or left handedness on caries experience and oral hygiene

Sir,
We read the article “The effect of right or left handedness on caries experience and oral hygiene”[1] with great interest as oral health is important in the reduction of caries and gingival disease. In the present study the authors noted that subjects who used their right hands were doing better in terms of oral hygiene than those using the left with lower incidence of caries. However, the conclusion in the present study that right-handed people have better caries control is in contrast to many other studies where it was found that the left handed were more successful at oral hygiene check than the right handed.[2,3] In another study there was no significant relationship between manual dexterity and plaque control efficiency.[4] Not only the manual dexterity but many other factors can influence dental hygiene and
References


7. ur Rehman MM, Mahmood N, ur Rehman B. The relationship of caries prevalence including culture, socioeconomic status, life style, dietary patterns, education level, psychological profile, brushing habits, the use of tooth paste, tooth-brushing time and the practice of correct tooth-brushing, cigarette smoking, local and/or systemic diseases affecting oral aperture, causing xerostomia or affecting dominant upper extremity strength, motion, and dexterity. We agree that further research with well-designed studies involving larger numbers of subjects is needed for better understanding of role of handedness and it would be interesting to understand the role of handedness (with many other factors) in oral hygiene and dental care and to use this information in an effective way to prevent occurrence of dental caries.

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Access this article online

Quick Response Code:

Website:
www.ruralneuropractice.com

DOI:
10.4103/0976-3147.98268

Letter to the Editor

Sir,

Aneurysmal bone cyst (ABC) is an expansile lytic lesion of the bone, characterized by multiple blood filled cavities with expanded bone forming its perimeter and bearing a good outcome.

Aneurysmal bone cyst (ABC) is an expansile lytic lesion involving the atlas and the occipital bone and/or systemic diseases affecting oral aperture, causing xerostomia or affecting dominant upper extremity strength, motion, and dexterity.

We agree that further research with well-designed studies involving larger numbers of subjects is needed for better understanding of role of handedness and it would be interesting to understand the role of handedness (with many other factors) in oral hygiene and dental care and to use this information in an effective way to prevent occurrence of dental caries.

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