CLASSICAL MANIA ASSOCIATED WITH DENGUE INFECTION

Sir,

Dengue fever is considered to be one of the major health problems in South East Asia. In the recent past, epidemic outbreaks of Dengue have also been noticed in India.[1] Initially, neurological manifestations associated with dengue received little attention but now there have been several reports of encephalitis and encephalopathy.[2,3] However nowhere in literature has dengue fever been mentioned as a cause of or associated with acute psychosis or mania.

Here we report a 21-year-old male, a resident of Delhi who after an acute dengue infection, developed an episode of classical mania.

He was admitted to psychiatry department with history of overactivity, excessive talking, argumentativeness, extreme irritability, grandiosity, abusiveness and decreased need for sleep of 4 days duration. Six days prior to onset of psychiatric illness he developed fever (40.3°C) associated with severe headache, confused behavior, generalized body ache, anorexia and occasional vomiting. There was no history of neck rigidity, photophobia, seizure and concealed or overt bleeding. Physical examination did not reveal any neurological deficit. The patient’s BP was in the range of 110-120/70-80 mm Hg. The pulse rate was 110-120 per minute and the urine output was 1 litre/day. Investigations done on 4th day of fever revealed, positive serological test for IgM antibodies, platelet count 20,000 per microliter, TLC: 4300/cmm with lymphocytes 43%. Blood electrolytes, blood sugar, lipid profile and renal function tests were within normal range. Liver function tests were also normal except for SGOT (233 IU/ml) and SGPT (348 IU/ml).

His blood smear revealed no malarial parasite. His Prothrombin time was 13 seconds but bleeding time was increased (8 minutes). He was diagnosed a case of dengue fever with thrombocytopenia. Patient received 2 units of platelet concentrates transfusion and was kept under observation with no other specific therapy given.

On 6th day of dengue illness, patient exhibited manic symptoms as mentioned above. His past, personal and family history was non-contributory. Mental status examination revealed increased psychomotor activity, pressure of speech, irritable mood, delusion of grandiosity and grade1 insight. His Young Mania Rating Scale (YMRS)[4] score was 27. Mini Mental State Examination revealed no cognitive impairment with score of 27/30. CT scan head was found to be normal. He was treated successfully with carbamazepine 600 mg/day and haloperidol 15-mg/ day. Subsequent investigations conducted on day 14 of admission were within normal limits.

Patient was diagnosed as a case of mood disorder, with manic feature according to DSM-IV-TR (293.83).[5] This case developed dengue infection during an epidemic outbreak in Delhi in 2003.[5] Emergence of manic symptoms in the absence of risk factors such as personal and family history of bipolar illness, cyclothymia suggests organic condition responsible for the mania. The history, vital signs and investigations were not suggestive of shock. His delirious behavior may suggest transient cerebral hypoxia, which could have caused organic mania.

A systematic study is needed to find out the prevalence of associated psychiatric disorders, as the dengue is major health problem in some parts of Asia.

REFERENCES


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