ASIAN JOURNAL OF PHARMACEUTICAL AND CLINICAL RESEARCH

NNOVARE ACADEMIC SCIENCES Knowledge to Innovation

Vol 15, Issue 4, 2022

Online - 2455-3891 Print - 0974-2441 Research Article

HEPATIC DYSFUNCTION IN DENGUE: A TERITARY CARE HOSPITAL EXPERINCE

ANITA VERMA¹, PRATIMA CHOUHAN², RAJENDRA SINGH³, RATTIRAM MEENA⁴*

¹Department of Biochemistry, Sardar Patel Medical College, Bikaner, Rajasthan, India. ²Department of Medicine, Dr. S N Medical College, Jodhpur, Rajasthan, India. ³Department of Forensic Medicine, Sardar Patel Medical College, Bikaner, Rajasthan, India. ⁴Department of Community Medicine, Sardar Patel Medical College, Bikaner, Rajasthan, India. Email: drrattirammeena@gmail.com

Received: 25 December 2021, Revised and Accepted: 08 March 2022

ABSTRACT

Objective: The objective of the study was to evaluate liver dysfunction in patients with dengue infections and corelation between liver function test and platelet count.

Methods: Hospital-based case-control study conducted on 141 hospitalized with Dengue infection (NS 1 and IgM positive). Dengue seropositive patients are selected and subjected to complete blood count and liver function tests were analyzed.

Results: The participants were found to have elevated levels of SGOT, SGPT levels, and lower levels of serum albumin and platelet count as compare to control on evaluation. The significant negative correlation was noted between SGOT/SGPT levels and baseline platelet counts levels. The Pearson correlation between platelet count and SGOT showed r=-0.185 and p<0.01 which proves that when platelet count decreases, the SGOT levels increases. Similarly, for the correlation between platelet count and SGPT showed r=-0.166 and <0.01 which proves that when platelet count decreases, the SGPT levels increases.

Conclusion: Statistically significant corelation was observed between liver enzymes with platelet count. Furthermore, the severity of dengue infection predicted the severity of liver derangements. It is recommended that patients with dengue infections be screened for hepatic dysfunction. As hepatic dysfunction in dengue is transient and reversible, early identification of the same would help to reduce life threatening complications.

Keywords: SGOT, SGPT, Liver enzyme.

© 2022 The Authors. Published by Innovare Academic Sciences Pvt Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/) DOI: http://dx.doi.org/10.22159/ajpcr.2022v15i4.43983. Journal homepage: https://innovareacademics.in/journals/index.php/ajpcr

INTRODUCTION

Dengue fever is generally self-limiting, but its symptoms can be debilitating and cause considerable incapacitating morbidity, which have a significant health and economic toll in the society. There is currently no specific antiviral therapy or vaccine available for DF or DHF/DSS [1].

Hepatic dysfunction is a crucial feature seen in DENV infection. Hepatocytes and Kupffer cells are prime targets for DENV infection, as confirmed in biopsies and autopsies of fatal cases [2]. An eventual outcome of hepatocyte infection by DENV is cellular apoptosis, a phenomenon demonstrated both in vivo and in vitro. After apoptosis, what stays of the cells are the Councilman Bodies. The various pathways involved in this apoptotic process include viral cytopathy, hypoxic mitochondrial dysfunction, the immune response, and accelerated endoplasmic reticular stress. Expression of DENV-induced TRAIL and TNF- α and Fas signaling has also been implicated in this process. Activation of the mitochondrial cell death pathway stems from the functional and morphological defects of these mitochondria [3]. The present study was carried out with an aim to evaluate liver dysfunction in patients with dengue infections and corelation between liver function test and platelet count.

METHODS

Study design

This study was hospital-based case-control study.

Study place

Department of Biochemistry with close collaboration of the Department of General medicine and Pediatrics, Sardar Patel Medical College and associated group of PBM Hospital, Bikaner, Rajasthan.

Sample size: A sample size calculation on power of study=80.00% and allowable error=5.00%. Sample Size Calculation by MEDCALC

16.4 version software for each group (i.e., a total sample size of 142, assuming equal group sizes), to achieve a power of 80%, and a level of significance of 5% (two sided), for detecting a true difference in means between the test and the reference group of 254.74 (i.e., 42.15–296.9) units according to study conducted by Chandrasekar KT $et\ al.\ [4]$.

Study population

- 1. Case: Dengue fever patients
- 2. Control: Age- and sex-matched healthy control.

Inclusion criteria

All patients of any age and sex and coming with symptoms of dengue fever and had positive serology (Dengue NS 1 positive cases/IgM Ab positive cases) were included in the study.

Exclusion criteria

The following criteria were excluded from the study:

- 1. All patients with fever who was dengue IgM/NS1 Ag negative.
- 2. Dengue with any chronic disease such as CLD, CKD, and CAD.
- 3. The patient with history of intake of any hepatotoxic or similar drugs causing derangements of liver functions.
- Dengue patients having other known infections causing hepatitis such as acute or chronic viral hepatitis, leptospirosis, malaria, and enteric fever.

Data analysis

Standard statistical methods were applied for analysis of data. All collected data were entered into the MS Excel sheet and were analyzed with the help of appropriate statistical software.

RESULTS

The participants were found to have elevated levels of SGOT, SGPT levels, and lower levels of serum albumin and platelet count as compare to control on evaluation. The significant negative correlation

was noted between SGOT/SGPT levels and baseline platelet counts levels. The Pearson correlation between platelet count and SGOT showed r=-0.185 and p-value <0.01 which proves that when platelet count decreases, the SGOT levels increases. Similarly, the correlation between platelet count and SGPT showed r=-0.166 and <0.01 which proves that when platelet count decreases, the SGPT levels increase (Tables 1 and 2).

DISCUSSION

Dengue infection is one of the most common mosquito borne disease of the world. The age group affected by dengue fever in this study compared to previous Indian studies [5,6]. This supports the view that endemicity of dengue fever is increasing in India.

In our study, the liver enzyme was rise as compare to control and platelet count was lower as compare to control. When compared between the groups, rise in SGPT occurred in almost patients with a study by SrivenuItha *et al.* [7], and Brij Mohan *et al.* [8], also observed elevation in SGPT. Kuo *et al.* [9] observed rise in ALT in 82% of cases. MMA Faridi *et al.* [10] reported 64.6% rise in ALT levels.

Chandrasekar et al. [9] was also found a significant negative correlation was noted between SGOT/SGPT levels and baseline

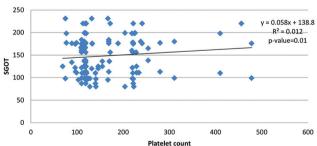
Table 1: General characteristics

Variable	Cases	Control	p-value
Age in Years	26.10±14.87	26.52±13.93	0.808
Male: Female	97:45	91:51	0.530

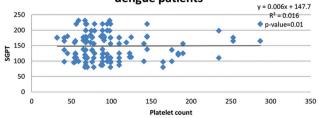
Table 2: Investigation

Variable	Cases	Control	p-value
serum total bilirubin (mg/dl)	0.78±0.10	0.77±0.08	0.424
SGOT (IU/L)	165.30±81.25	43.11±6.05	0.001
SGPT (IU/L)	95.06±47.33	44.27±4.37	0.001
Total protein (g/dl)	6.43±0.67	6.50±0.52	0.375
Albumin (g/dl)	3.73±0.29	3.93±0.03	0.01
Platelet count per lakh mm ³	1.41±0.42	2.05±0.98	0.001

Co-relation between platelet count and SGOT in dengue patients



Co-relation between platelet count and SGPT in dengue patients



platelet counts levels. The Pearson correlation between platelet count and SGOT showed r=–0.278 and p-<0.01 which proves that when platelet count decreases, the SGOT levels increase. Similarly, for the correlation between platelet count and SGPT showed r=–0.192 and <0.05 which proves that when platelet count decreases, the SGPT levels increase.

Statistically significant association was observed between elevated liver enzymes and presence of thrombocytopenia. The study involved a significantly larger number of samples as compared to that of other studies carried out in the region. This has significantly improved the power of the study findings. One of the limitations is its cross-sectional study. Considerably high proportion of patients with dengue infection were found to have hepatic dysfunction in the form of deranged liver enzymes. Furthermore, the severity of dengue infection predicted the severity of livery derangements.

CONCLUSION

Statistically significant association was observed between liver enzymes with platelet count. Furthermore, the severity of dengue infection predicted the severity of liver derangements. It is recommended that patients with dengue infections be screened for hepatic dysfunction, and also patients with suspicion of dengue fever in the form of other clinical parameters should be complimented by deranged liver function tests.

CONFLICTS OF INTEREST

None declared.

FUNDING

No funding sources

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

REFERENCES

- Halstead SB, Suaya JA, Shepard DS. The burden of dengue infection. Lancet 2007;369:1410-1. doi: 10.1016/S0140-6736(07)60645-X, PMID 17467495
- Gubler DJ. Dengue and dengue hemorrhagic fever. Clin Microbiol Rev 1998;11:480-96. doi: 10.1128/CMR.11.3.480, PMID 9665979
- Martina BE, Koraka P, Osterhaus AD. Dengue virus pathogenesis: An integrated view. Clin Microbiol Rev 2009;22:564-81. doi: 10.1128/ CMR.00035-09, PMID 19822889
- Chandrasekar KT, Dutta TK, Kumar AR, Lokesh S, Charles MV. Evaluation of hepatocellular dysfunction and its association with severity in dengue patients. Int J Adv Med 2019;6:1-3.
- Shekar GC, Amaravadi A. Clinical, biochemical and hematological profile in dengue fever. Int J Sci Study 2016;4:144-9.
- Aggarwal A, Chandra J, Aneja S, Patwari AK, Dutta AK. An epidemic of dengue hemorrhagic fever and dengue shock syndrome in children in Delhi. Indian Pediatr 1998;35:727-32. PMID 10216566
- Itha S, Kashyap R, Krishnani N, Saraswat VA, Choudhuri G, Aggarwal R. Profile of liver involvement in dengue virus infection. Natl Med J India 2005;18:127-30. PMID 16130612
- Mohan B, Patwari AK, Anand VK. Hepatic dysfunction in childhood dengue infection. J Trop Pediatr 2000;46:40-3. doi: 10.1093/ tropej/46.1.40, PMID 10730040
- Souza LJ, Alves JG, Nogueira RM, Gicovate Neto C, Bastos DA, Siqueira EW, et al. Aminotransferase changes and acute hepatitis in patients with dengue fever: Analysis of 1,585 cases. Braz J Infect Dis 2004;8:156-63. doi: 10.1590/s1413-86702004000200006, PMID 15361994
- Faridi MM, Aggarwal A, Kumar M, Sarafrazul A. Clinical and biochemical profile of dengue haemorrhagic fever in children in Delhi. Trop Doct 2008;38:28-30. doi: 10.1258/td.2007.006158, PMID 18302860