

# 回國報告

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# 摘要

發表題目(編號 16.024)

The Features of Clinical Manifestations of Dengue Fever in Kaohsiung City, Taiwan, 2006

2006 年臺灣高雄市登革熱臨床表現之特徵

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背景：自 1981 年來台灣發生數起登革熱群突發，特別是在南台灣登革熱流行區，於是進行此研究以了解此發熱疾病之特性。

方法：研究 2006 年 7 月至 12 月，76 位來自二間區域醫院血清證實登革熱病患。

結果：過半數病例為女性(45/76, 59%)，男女病人平均年齡為 43 (中位數 41，範圍 4-78) 及 45.8(中位數 49，範圍 10-82)歲。平均住院 6.4 天。臨床表徵為發燒(62/76, 82%)，倦怠(37/76, 49%)，皮疹(37/76, 49%)，骨關節痛(35/76, 46%)，食慾不佳(33/76, 43%)，癢 (33/76, 43%)，頭痛(25/76, 33%)，噁心(21/76, 28%)，腹瀉(21/76, 28%)，嘔吐(20/76, 26%)，出血(17/76, 22%)，皮痛(15/76, 20%)，腹痛(14/76, 18%)，後眼球痛 (12/76, 16%)，結膜炎(10/76, 13%)。RT-PCR 陽性佔 50%(38/76)，主要病毒為血清型 3。PTT 延長見於 58% (44/76)病人，AST 增加者達 91% (69/76)，血小板缺乏者佔 86%(65/76)，其中有 32 人(49%)為嚴重血小板缺乏(<50,000)，白血球低下佔 86% (65/76)，其中有 28 人(43%)為嚴重白血球低下 (1,000-2,000)。體溫高峰回降正常需時 3.1 天，白血球低下及血小板缺乏恢復正常分別需時 2.5 天及 2.6 天。除一位先前曾感染登革熱病毒的老人死於急性猛爆性肝炎，其餘恢復良好。

結論：登革熱主要發生於女性，發燒為主要徵候，大部分病人為肝炎，血小板缺乏，白血球低下，臨床結果及預後良好。

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# 本文

## 一、目的

促進國際學術交流

## 二、過程

97.06.19 至高雄小港國際機場，搭乘馬來西亞航空班機 MH87(0800)，赴馬來西亞吉隆坡機場(1410)，當日下午赴大會會場，並辦理註冊報到。

97.06.20 發表題目 The Features of Clinical Manifestations of Dengue Fever in Kaohsiung City, Taiwan, 2006 並觀賞各國展示壁報。

97.06.21 至 97.06.22 繼續參加第 13 屆國際，感染症會議聆聽專題演講及觀賞壁報展示內容。會中各項專題皆能引人關注，但因時間受限僅能擇要參加，如愛滋病發展及治療現況，及抗病毒藥物研發之前景；霉菌病現況及治療指引；免疫不全病人感染症及治療方針。

97.06.23 赴馬來西亞吉隆坡機場，搭乘馬來西亞航空班機 MH86(1200)，返回高雄小港國際機場(1815)。

## 三、心得

在國際會議會場，透過窗戶即可見到 88 層雄偉雙塔高樓，敬佩之情油然而生，欣見臺灣各醫院及研究單位同好，頗有他鄉遇故知之喜悅，世界各地感染症及微生物學專家們更不遠千里齊聚一堂，將各國特色（不同種族及服飾）及專長展露無遺，頗有較勁意味，卻也是良性競爭。會場中可與不同國家，不同研究領域專家交換心得及提供意見，做為日後研究及努力的方向與目標。

## 四、建議事項

多鼓勵年輕醫師參與國際學術會議，擴展視野，培養國際觀及世界觀，以因應世界地球村的趨勢。

## 附錄

### **The Features of Clinical Manifestations of Dengue Fever in Kaohsiung City, Taiwan, 2006**

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Background: Since 1981, there were several outbreaks reported in Taiwan, especially southern Taiwan, an endemic area for dengue fever. We conducted this study to clarify the characteristics of this febrile disease.

Methods: Seventy-six serologically (ELISA and/or RT-PCR) confirmed cases of dengue fever between July 2006 and December 2006 from two regional hospitals were studied.

Results: More than half of these cases were females (45/76, 59%). The mean ages of male and female patients were 43 (median: 41, range: 4-78) and 45.8 (median: 49, range: 10-82). The mean hospital stay was 6.4 days. Clinical manifestations were fever (62/76, 82%), malaise (37/76, 49%), skin rashes (37/76, 49%), bone pain/arthritis (35/76, 46%), anorexia (33/76, 43%), pruritus (33/76, 43%), headache (25/76, 33%), nausea (21/76, 28%), diarrhea (21/76, 28%), vomit (20/76, 26%), hemorrhage (17/76, 22%), skin pain (15/76, 20%), abdominal pain (14/76, 18%), retro-orbital pain (12/76, 16%), conjunctivitis (10/76, 13%). Positive results for RT-PCR occurred in 38 of 76 patients (50%). Serotype 3 was the major causative strain. Prolonged partial thromboplastin time was observed in 44 of 76 patients (58%), while elevation of aspartate aminotransferase was observed in 69 of 76 patients (91%).

Thrombocytopenia occurred in 65 of 76 patients (86%) and 32 of them (49%) had severe thrombocytopenia (less than 50,000/mm<sup>3</sup>), while 65 of 76 patients (86%) were leukopenic and 28 of them (43%) had severe leukopenia (white blood cells ranged from 1,000 to 2,000/mm<sup>3</sup>). The average duration of peak body temperature to normal was 3.1 days. The mean intervals of leukopenia and thrombocytopenia were 2.5 days and 2.6 days respectively. All patients recovered except an old man with previous exposure to dengue virus died of acute fulminant hepatitis.

Conclusion: Dengue fever occurred predominantly in females, fever was the major manifestation. Most of the patients contracted hepatitis, leukopenia and thrombocytopenia. Clinical outcome was satisfactory.