Beyond the Usual Bite: Neurological Sequelae of Dengue in Pregnancy

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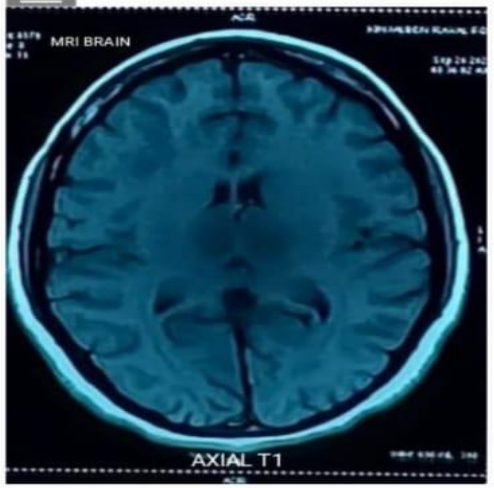
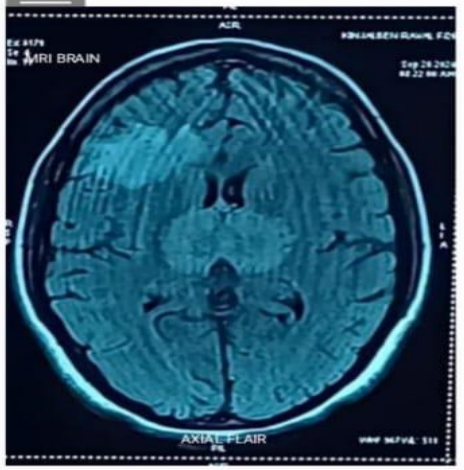
- **Background & Aims:**
  Dengue virus rarely affects the central nervous system (CNS), but dengue encephalitis is an emerging neurotropic complication. Diagnosis in pregnancy is difficult due to overlapping infections and altered immunity. We report a rare case to emphasize clinical features, diagnostic challenges, and maternal-neurological implications.
- **Methodology:**
  A 28-year-old woman, gravida 2 para 1, at 30 weeks gestation, presented with 7 days of fever, a generalized seizure, and altered sensorium. GCS was E3M5V2. Labs showed thrombocytopenia (80,000/μL), leukocytosis (15,000/μL), mild transaminitis, and positive dengue NS1 antigen. CSF revealed lymphocytic pleocytosis, raised protein, and normal glucose, positive dengue CSF PCR. MRI showed bilateral thalamic T2/FLAIR hyperintensities with restricted diffusion.

1 AXIAL T1

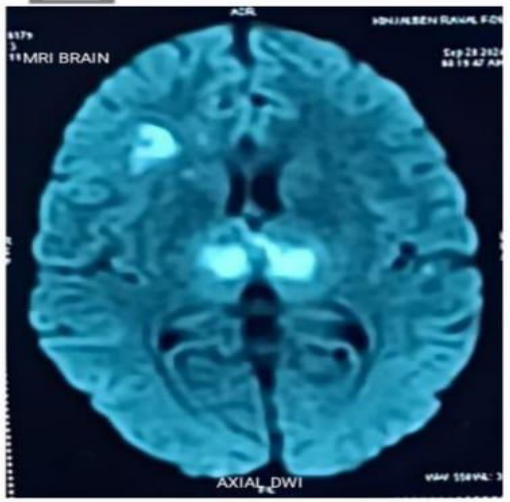


2 AXIAL T2

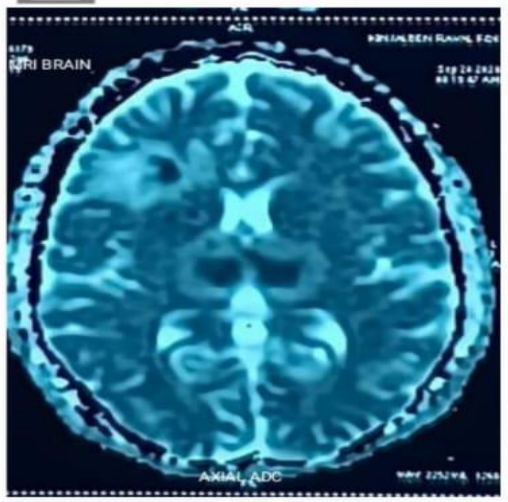
3 AXIAL FLAIR



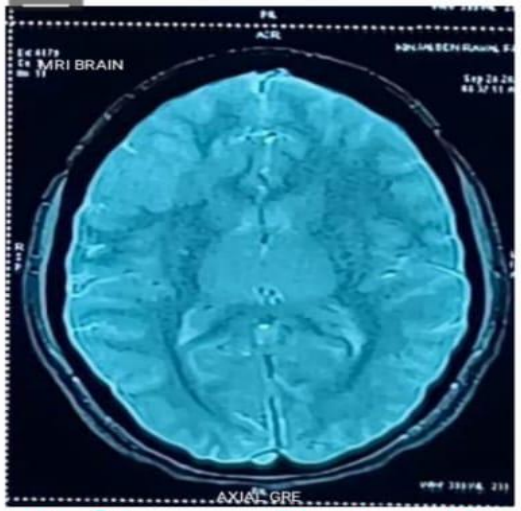
4 AXIAL DWI



5 AXIAL ADC



6 AXIAL GRE



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- **Results**

The clinical, laboratory, and radiological findings were consistent with a diagnosis of dengue encephalitis, a rare but increasingly recognized entity. She was managed conservatively in the ICU with antipyretics, antiseizure medication, and supportive care. No obstetric complications occurred during hospitalization. Neurological status gradually improved over 7 days.

- **Discussion**

Dengue encephalitis remains underdiagnosed due to its nonspecific neurological presentation and the lack of confirmatory CSF PCR in many settings. In pregnancy, it poses a dual threat to maternal and fatal outcomes. Recognition requires a high index of suspicion in endemic areas.

- **Conclusion**

This case underscores the importance of considering dengue encephalitis in pregnant women presenting with fever and altered sensorium. Early recognition and supportive management can lead to favourable neurological and obstetric outcomes.