

#### CHIEF COMPLAINTS

fever since 5 days

#### HISTORY OF PRESENTING ILLNESS :

Patient was apparently normal 5 days back when he developed fever, sudden onset, moderate grade associated with severe headache and bodyache, No H/O chills and rigors on and off, lasted 3 days following which he was admitted at a local hospital. he was diagnosed to have dengue fever and was treated for the same. the fever subsided, but however, due to the persistent thrombocytopenia he was referred to wenlock. patient had further fall in platelet count, got discharged against medical advice and came here for further management.

H/O melaena 2 days ago

No H/O vomiting, abdominal pain, cough with expectoration

No H/O burning micturition, bleeding manifestations

Patient is moderately built and nourished.

No pallor, icterus, cyanosis, clubbing, lymphadenopathy or oedema

PULSE:75bpm

BP:120/84mmhg

RR:18cycles/min

TEMPERATURE:98.6f

#### LAB INVESTIGATION

**23-06-2015** : Haemoglobin : 14.7g/dl, Neutrophils : 33%, Lymphocytes : 61%, Eosinophils : 01%, Monocytes : 05%, Basophils : 00%, **Other Cells Method** : Manual -, Leukocyte Count Total : 14600/cumm, Packed Cell Volume : 45.0%, Erythrocyte Sedimentation Rate : 15mm/1st hour, Platelet Count : 18000/cumm, **Prothrombin Time** CONTROL 11.8, TEST : 10.8, INR : 0.89, **Malarial** thrombocytopenia., Haemoglobin : 14.1g/dl, Neutrophils : 29%, Lymphocytes : 54%, Eosinophils : 02%, Monocytes : 15%, Basophils : 00%, Leukocyte Count Total : 11100/cumm, Packed Cell Volume : 43.0%, Platelet Count : 36000/cumm, Platelet Count : 42000/cumm,  
**25-06-2015** : Haemoglobin : 15.0g/dl, Platelet Count : 53000/cumm, Packed Cell Volume : 44.6%,  
**27-06-2015** : Haemoglobin : 13.9g/dl, Platelet Count : 141000/cumm, Packed Cell Volume : 41.7%,

ECG : Normal

Chest X ray : normal

USG ABDOMEN AND PELVIS: Mild bulky pancreas wall normal texture. Suggested clinical correlation to rule out pancreatitis.

#### REFERRAL

Surgery reference was given in view of appendicitis and USG abdomen was advised, patient was treated conservatively as a case of resolving appendicitis.

#### TREATMENT:

C.Amoxicillin 500mg 1-1-1

Syp.Sucrafil 2tsp-2tsp-2tsp

T.Calpol 500mg 1-1-1

T.Pan 40mg 1-0-0 (B/F)

T.Sinarest 1-1-1

T.Optineuron 0-1-0

IVF NS @ 75ml/hour