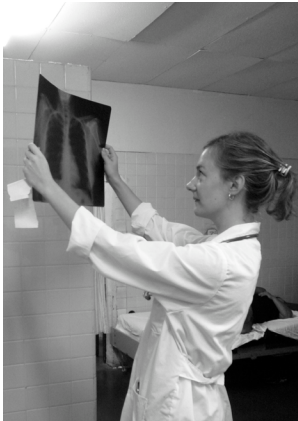


# Column

## Doctor and Patient: Surviving Dengue in Nicaragua

Caroline Canté



Caroline Canté has recently finished her medical studies at the Academic Medical Centre (Amsterdam, the Netherlands).

Sweat drips down my back. All my muscles are aching. I feel restless and try to move my body while my muscles keep on tightening. Then the headache kicks back in, it feels as if my eyeballs are pushed out of my head. As I try to focus on the Spanish speaking voices next to me, I see two soft eyes staring at me through my mosquito net. I must be dreaming. Then I realize I am not. I have dengue hemorrhagic fever and I am in the middle of Nicaragua, one of the poorest countries in Central America.

My internship of tropical medicine in León was starting to get more interesting day by day. For four weeks I had been working at the emergency department of internal medicine at a public hospital with 400 beds in the centre of an old colonial city. Every day I would interview patients in my best Spanish and after working I enjoyed the city and the rest of Nicaragua with my friend, another intern from the Netherlands. After withstanding some macho-behaviour and kind remarks about my appearance ('Can we trade eyes? You have the most beautiful eyes I have ever seen.') my colleagues finally got used to the blonde girl from Europe. Meaning that they took me seriously and taught me everything about being a doctor in Nicaragua.

In the end it turned out I would learn much more than that. After the first shock of being admitted at the same hospital I had been working at all these weeks, still wondering how it was even possible people got better instead of worse, I found myself in a bed at one of the wards of internal medicine. Every morning I woke up with more than ten residents and interns at my bedside making their round. While staring at me with dead serious faces they mentioned the results of my blood exams in Spanish so fast I got completely lost and had to struggle to find out what my blood platelets were doing. Providing understandable information to their patients was surely not the best quality of these doctors. It felt like I gave more blood than I collected

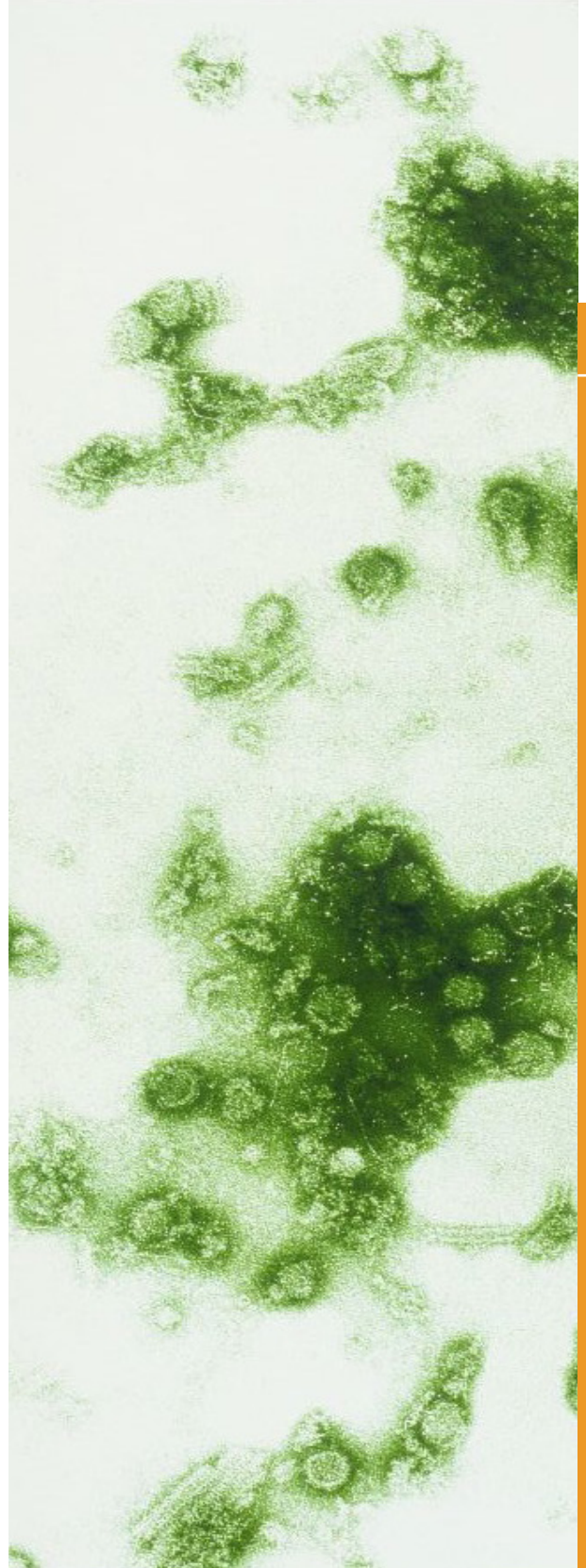
during all my previous internships, while the blood platelets kept lowering and almost reached the transfusion limit.

I tried to grow accustomed to my new role as a patient, but during the day my former colleagues kept on lecturing me until the bitter end. 'Can I please have some ibuprofen?' 'No, you can't, and what would be the reason for that you think?'. It was bedside teaching to the max.

However, what I still remember most are the ludicrous moments my friend and I experienced during my admission. Every day we had to struggle to make our way to the toilet in a wheelchair with only three properly working wheels, trying to avoid vomit, spit and urine on the floor. All patients were laughing at us, as we stumbled our way to the permanently clogged toilet. Back at the ward my new roommates, 7 patients including their entire families, preferred vomiting on the floor instead of using the bin in front of them. I liked to think this was to make the differential diagnosis of vomiting easier for their doctors.

Three times a day the male 'chief' nurse and his army would march into the room, commanding the families to leave. All the nurses did was checking the infusions and handing out the medication. I started to understand why patients needed their families so much to take care of them; the nurses simply didn't.

Slowly the fever disappeared and I started to feel better. But because it took the laboratory a long time to process the blood results, the fear of a blood transfusion kept



threatening me longer than necessary. After seven exhausting days I could finally leave the hospital. In the cab ride home I felt I had learned a lot more about the hospital I had worked in back home.

When I returned working at the emergency room I was no longer the blonde doctor from Europe but 'el sobreviviente del dengue', the survivor of dengue. While finishing my internship I realized wherever you are, doctors try the best they can, and make do with what they have. Although cockroaches were part of daily protocol more than cleaning your hands with alcohol, this was still a place to get better instead of worse.

## Dengue

Dengue or “breakbone fever” is the most important arbovirus infection in humans. It is caused by an RNA flavivirus which is spread by the *Aedes aegypti* mosquito. Annually, there are an estimated 50 million cases. A dengue virus infection may present as a non-specific febrile illness or asymptomatic infection. Symptomatic patients often have high temperature, vomiting, headache with retro-orbital pain, arthralgia and myalgia. Furthermore a transient macular rash, mild hemorrhagic manifestations and hepatosplenomegaly are frequently present. Most cases of dengue are self-limiting, making treatment a mere supportive necessity. In the case of dengue hemorrhagic fever, the more serious manifestation of dengue, close monitoring of vital signs and prompt admission of intravenous fluids are recommended to prevent circulatory failure and shock.

Further reading:

Simmons CP, Farrar JJ, Vinh Chau N, Wills B. Dengue. *N Engl J Med* 2012;366: 1423-32

