



Original Research Article

CLINICAL AND ETIOLOGICAL PROFILE OF PATIENTS WITH FEBRILE THROMBOCYTOPENIA – A PROSPECTIVE OBSERVATIONAL STUDY

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ABSTRACT

Background: Fever with thrombocytopenia is a common clinical presentation in tropical countries like India, with varied etiologies ranging from dengue to bacterial sepsis. Early identification of prognostic factors can help in risk stratification and optimal management. The aim is to study clinical and laboratory parameters in predicting the outcome of patients with fever and thrombocytopenia above 12 years admitted to Government Theni Medical College during 2024-2025.

Materials and Methods: This prospective observational study was conducted at the Department of General Medicine, Government Theni Medical College & Hospital, from January 2024 to March 2025. A total of 100 patients aged above 12 years presenting with fever ($>99.9^{\circ}\text{F}$) and thrombocytopenia ($<1,50,000/\mu\text{L}$) were included. Detailed history, clinical examination findings and laboratory investigations were recorded at admission. Outcomes were categorized as Only Fever (OF), Hemorrhagic Fever without Shock (HFWOS) and Hemorrhagic Fever with Shock (HFWS). Statistical analysis was performed using appropriate tests with $p<0.05$ considered significant.

Results: Among 100 patients, 57% were male and 43% female with 80% from rural areas. Outcomes included OF in 62%, HFWOS in 15% and HFWS in 23%. Significant predictors of poor outcome (HFWS) included fever >4 days ($p=0.035$), drowsy general condition ($p=0.001$), respiratory distress ($p=0.001$), abdominal distension ($p=0.001$), hepatomegaly ($p=0.009$), dehydration ($p=0.001$), warning signs ($p=0.001$), platelet count <1 lakh ($p=0.001$), elevated PCV >40 ($p=0.001$), abnormal renal function ($p=0.001$), elevated liver enzymes ($p=0.037$), abnormal coagulation profile ($p=0.001$), ascites ($p=0.001$) and pleural effusion ($p=0.001$). Dengue was the most common etiology (61%). Age, sex, locality, total count and serum proteins showed no significant association with outcome.

Conclusion: Prolonged fever, altered sensorium, respiratory distress, abdominal distension, hepatomegaly, dehydration, thrombocytopenia, hemoconcentration, renal/hepatic dysfunction, coagulation abnormalities and presence of ascites/pleural effusion at admission are significant predictors of poor outcomes in febrile thrombocytopenia patients. These parameters can guide early identification of high risk patients for intensive monitoring and management.

Keywords: Fever with thrombocytopenia, dengue, prognostic factors, hemorrhagic fever, shock.

INTRODUCTION

Thrombocytopenia is defined as the low number of platelets in the circulating blood. A normal platelet

count ranges from 1,50,000 to 4,50,000 platelets/ μL of blood. Patient will be asymptomatic many times.^[1-3] Some patients will develop symptoms like bruising, purpura, petechiae, bleeding from the

gums and nose. When the platelet count falls below 5000/mm³ there will be bleeding in the brain and gastrointestinal system and causes life risk symptoms.^[4] Thrombocytopenia is caused by virus, bacterial and also protozoal infection with or without disseminated intravascular coagulation. Febrile thrombocytopenia is also caused by malaria, dengue, leptospirosis, septic infection, scrub typhus, rickettsial infection and meningococcal infection.^[5-7]

In monsoon and post monsoon period febrile thrombocytopenia cases comes to outpatient department. Sometimes these patients can go on to develop stormy course with multi organ dysfunction requiring intensive care unit admission associated with high mortality and morbidity. Some patients recover by self from the infection, but to prevent the deadly complication, patient should be continuously monitored.^[8,9] If the identification and the treatment are started in earlier stage, the mortality and morbidity can be limited in these patients.^[10] As the number of cases were increasing day by day some factors are important in the prognosis of the patients. So in this study was done to know about the prognostic factors in patients presenting to the hospital with febrile thrombocytopenia to tertiary hospital which is attached to one of the medical college in Tamilnadu.

Fever with thrombocytopenia is one of the leading causes of mortality and morbidity in adults.^[11] There are various infectious causes for fever with thrombocytopenia including deadly dengue fever and bacterial sepsis. The admission rate of fever with thrombocytopenia in tertiary care hospital remains high in previous 5 years. The mortality and morbidity also remains high.^[12,13] Various studies have showed that there are many prognostic factors which are very useful in predicting the outcome. These factors also alert the treating physician in taking many crucial decisions like whether to treat the case as OPD or to admit and treat aggressively. This study includes all the patients above 12yrs admitted as fever with thrombocytopenia and aims to identify various clinical, laboratory parameters for predicting the outcome in tertiary care centre hospital.

The study of clinical and laboratory parameters in predicting the outcome of patients with fever with thrombocytopenia above 12yrs admitted in Government Theni Medical College during the time period of January 2024 to March 2025. Following parameters at admission are considered to predict the outcome among the study group (Age, Sex, Locality, Day of fever, General condition, Respiratory distress, Abdominal distension, Hepatomegaly, Dehydration, Total count, Platelet count, PCV, RFT, Liver enzymes, Warning symptoms, Serum proteins, Coagulation profile, Ascites, Pleural effusion, Serology and Culture sensitivity.

MATERIALS AND METHODS

Our study was conducted at Department of General Medicine, Government Theni Medical College & Hospital, Theni, Tamilnadu, India.

Study Group: All cases of fever with thrombocytopenia age more than 12 years admitted during the period of January 2024 to March 2025 in Medicine Department of Government Theni Medical College & Hospital, Theni

Study Design: Prospective observational study.

Inclusion Criteria

All the patients above 12 years presenting with the complaints of fever (>99.9oF) with thrombocytopenia (<1,50,000/ μ L).

Exclusion Criteria

Patient presenting with thrombocytopenia without fever, Diagnosed case of immune thrombocytopenic purpura, Patient with thrombocytopenia already diagnosed to have hematological disorder / malignancy or on treatment with chemotherapy and other immunosuppressive agent, Diagnosed cases of platelet disorder and dysfunction, Patients on treatment with antiplatelet drugs and other drugs causing thrombocytopenia and Patients with cirrhosis and chronic liver disease.

Methodology: After getting consent, detailed history, clinical details and Investigations were collected and entered in the proforma. It includes age, sex and locality. History regarding day of fever, warning symptoms including abdominal pain, vomiting, hematemesis, reduced urine output, passing black coloured stools are recorded at the time of admission. Clinical features includes general condition, respiratory distress (tachypnea, retractions), abdominal distension, hepatomegaly, dehydration (dry oral cavity, increased thirst) are recorded at the time of admission.

Blood investigations including total count (normal: 4000-10000, leukopenia <4000, leukocytosis >10000), platelet count, PCV, RFT (normal Urea <40, creatinine 0.5-0.8), Liver enzymes (normal AST <40, ALT <40, ALP <150), serum proteins (normal Total protein 6, serum albumin 4, serum globulin 2), coagulation profile (normal PT 16, APTT 36, INR <1.5), Serology and Culture sensitivity are recorded at the time of admission. Chest x-ray, Ultra sonogram abdomen and chest findings including ascites, pleural effusions are also recorded. Outcome was assessed as morbidity in the form of only fever, fever with bleeding and hemorrhagic fever with shock.

Statistical Analysis: Data collected and recorded in the proforma during the whole study period were entered in Microsoft Excel Sheet and analyzed value

calculated to identify whether various risk factors for morbidity and mortality for fever with thrombocytopenia are statistically significant.

RESULTS

Among admission 57% were male patients 43% were female patients. 80% of the admitted cases came from rural area and 20% belonged to urban area (Table. 1). Patients admitted for 4 days fever are 42% of patients admitted for more than 5 days are 58%. Among 100 cases admitted, more than 4 days fever cases are 58%. In this 58%, 30% of the patients developed only fever, 10% patients had hemorrhagic fever without shock. Remaining 18% had hemorrhagic fever with shock with 0.035 p value. It shows the significant association of day of fever with outcome [Table 1 and 2].

In admissions patient with normal general condition is seen in 68%. Among 100 patients admitted, general condition of the patients normal in 68%. In this 68%, 60% of the patients developed only fever, 7% patients had hemorrhagic fever without shock. Remaining 1% had hemorrhagic fever with shock with 0.01 p value. It shows the significant association of general condition of the patients with outcome [Table 1 and 2].

In admissions respiratory distress is seen in 33% of the cases. Among 100 patients admitted, fever cases with respiratory distress are 33%. In this 33%, 4% of the patients developed only fever, 10% patients had hemorrhagic fever without shock and remaining 19% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of respiratory distress with outcome [Table 1 and 2].

In the admissions abdominal distension is seen in 33% of the cases. Among 100 cases, fever cases with abdominal distension are 33%. In this 33%, 4% of the patients developed only fever, 10% patients had hemorrhagic fever without shock and remaining 19% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of abdominal distension with outcome [Table 1 and 2].

In admissions hepatomegaly is seen in 66% of the cases clinically. Among 100 cases admitted, fever cases with hepatomegaly are 66%. In this 66%, 34% of the patients developed only fever, 12% patients had hemorrhagic fever without shock. Remaining 20% had hemorrhagic fever with shock with 0.009 p value. It shows the significant association of hepatomegaly with outcome [Table 1 and 2].

In the admissions dehydration is seen in 39% of the cases. Among 100 cases, fever cases with dehydration are 39%. In this 39%, 10% of the patients developed only fever, 9% patients had hemorrhagic fever without shock. Remaining 20% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of dehydration with outcome [Table 1 and 2].

In admissions warning signs are seen in 48% of the cases. Among 100 cases admitted, fever cases with

warning signs are 48%. In this 48%, 20% of the patients developed only fever, 10% patients had hemorrhagic fever without shock. Remaining 18% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of warning signs with outcome [Table 1 and 2].

In admissions leukopenia is seen in 52% of the cases. leucocytosis is seen in 15%. In admissions platelet count is less than 1 lakh in 49% of the patients. Among 100 cases admitted, fever cases with less than 1 lakh are 49%. In this 49%, 18% of the patients developed only fever, 12% patients had hemorrhagic fever without shock. Remaining 19% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of platelet count with outcome [Table 1 and 2].

In admissions packed cell volume more than 40 is seen in 61% of the cases. Among 100 cases, fever cases with PCV less than 40 are 61%. In this 61%, 50% of the patients developed only fever, 5% patients had hemorrhagic fever without shock. Remaining 6% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of PCV with outcome [Table 1 and 2].

In admissions renal function test elevation are seen in 11% of the cases. Among 100 cases, more than fever cases with elevated RFT are 11%. In this 11%, 1% of the patients developed only fever, 3% patients had hemorrhagic fever without shock. Remaining 7% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of RFT with outcome [Table 1 and 2].

In admissions elevation of liver enzymes are seen in 22% of the patients. Among 100 cases admitted, fever cases with elevated liver enzymes are 22%. In this 22%, 10% of the patients developed only fever, 7% patients had hemorrhagic fever without shock. Remaining 5% had hemorrhagic fever with shock with 0.035 p value. It shows the significant association of elevated liver enzyme with outcome [Table 1 and 2].

In admissions normal serum proteins are seen in 96% of the patients. Among 100 cases admitted, fever cases with normal serum proteins are seen in 96%. In this 96 %, 61% of the patients developed only fever, 14% patients had hemorrhagic fever without shock. Remaining 21% had hemorrhagic fever with shock with 1.000 p value. It shows that there was no significant association of serum proteins with outcome [Table 1 and 2].

In admissions abnormal coagulation profile is seen in 17% of the patients. Among 100 cases admitted, fever cases with normal coagulation profile are 83%. In this 83%, 58% of the patients developed only fever, 6% patients had hemorrhagic fever without shock. Remaining 19% had hemorrhagic fever with shock with 0.035 p value. It shows the significant association of coagulation profile with outcome [Table 1 and 2].

In admissions ascites is seen in 79% of cases diagnosed by ultrasound abdomen. Among 100 cases admitted, fever cases with ascites are 79%. In

this 79%, 50% of the patients developed only fever, 11% patients had hemorrhagic fever without shock. Remaining 18% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of ascites with outcome [Table 1 and 2]. In the admissions pleural effusion is present in 78% cases. Among 100 cases admitted, fever cases with pleural effusion are 78%. In this 78%, 50% of the patients developed only fever, 12% patients had hemorrhagic fever without shock. Remaining 16%

had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of pleural effusion with outcome [Table 1 and 2].

There was significant association of serology in the prediction of morbidity. dengue positive cases are 61%, in 61% patients 32% of the patients developed only fever, 13% patients had hemorrhagic fever without shock. Remaining 16% had hemorrhagic fever with shock with 0.001 p value [Table 2].

Table 1: Showing the total number of cases and percentage (Cases, Age Distribution, Sex Distribution, Locality, Day of Fever, General Condition, Respiratory Distress, Abdominal Distension, Hepatomegaly, Dehydration, Warning Signs Shock, Total Count, Platelet Count, Packed Cell Volume, Renal Function Test Abnormality, Liver Function Test, Serum Protein, Coagulation Profile, Ascites, Pleural Effusion and Serology).

S.No		Number of Cases	Total (%)
1	Total No. of Cases		
	OF (Only Fever)	62	62%
	HFWOS (Hemorrhagic Fever Without Shock)	15	15%
	HFWS (Hemorrhagic fever with shock)	23	23%
2	Age Distribution		
	< 30 YRS	60	60%
	> 30 YRS	40	40%
3	Sex Distribution		
	Male	57	57%
	Female	43	43%
4	Locality		
	Rural	80	80%
	Urban	20	20%
5	Day of Fever		
	< 4 Days	42	42%
	> 4 Days	58	58%
6	General Condition		
	Conscious	68	68%
	Drowsy	32	32%
7	Respiratory Distress		
	Present	33	33%
	Absent	67	67%
8	Abdominal Distension		
	Present	33	33%
	Absent	67	67%
9	Hepatomegaly		
	Present	66	66%
	Absent	34	34%
10	Dehydration		
	Present	39	39%
	Absent	61	61%
11	Warning Signs Shock		
	Present	48	48%
	Absent	52	52%
12	Total Count		
	Leukopenia	52	52%
	Normal	33	33%
	Leucocytosis	15	15%
13	Platelet Count		
	< 1 Lakh	49	49%
	> 1 Lakh	51	51%
14	Packed Cell Volume		
	< 40	61	61%
	> 40	39	39%
15	Renal Function Test Abnormality		
	Present	11	11%
	Absent	89	89%
16	Liver Function Test (Liver Enzymes Elevation)		
	Present	22	22%
	Absent	78	78%
17	Serum Protein		
	Normal	96	96%
	Reduced	4	4%
18	Coagulation Profile		

	Normal	83	83%
	Abnormal	17	17%
19	Ascites		
	Present	79	79%
	Absent	21	21%
20	Pleural Effusion		
	Present	78	78%
	Absent	22	22%
21	Serology		
	Dengue	61	61%
	Widal	5	5%
	U-c/s	11	11%
	B-c/s	12	12%
	Lepto-Igm	5	5%
	Scrub-Igm	2	2%
	Malaria	4	4%

Table 2: Showing the comparative between the Only Fever (OF), Hemorrhagic Fever Without Shock (HFWOS) and Hemorrhagic fever with shock (HFWS) (Age, Sex, Locality, Day of Fever, General Condition, Respiratory Distress, Abdominal Distension, Hepatomegaly, Dehydration, Warning Signs Shock, Total Count, Platelet Count, Packed Cell Volume, Renal Function Test, Liver Function Test, Serum Protein, Coagulation Profile, Ascites, Pleural Effusion and Serology).

S. No		Only Fever (OF)	Hemorrhagic Fever Without Shock (HFWOS)	Hemorrhagic fever with shock (HFWS)	Total	P Value
1	Age (Years)					
	< 30	36	9	15	60	0.836 (Non-Significant)
	> 30	26	6	8	40	
2	Sex					
	Male	32	10	15	57	0.379 (Non-Significant)
	Female	30	5	8	43	
3	Locality					
	Rural	51	13	16	80	0.337 (Non-Significant)
	Urban	11	2	7	20	
4	Day of Fever (Days)					
	< 4	32	5	5	42	0.035 (Significant)
	> 4	30	10	18	58	
5	General Condition					
	Conscious	60	7	1	68	0.001 (Significant)
	Drowsy	2	8	22	32	
6	Respiratory Distress					
	Present	4	10	19	33	0.001 (Significant)
	Absent	58	5	4	67	
7	Abdominal Distension					
	Present	4	10	19	33	0.001 (Significant)
	Absent	58	5	4	67	
8	Hepatomegaly					
	Present	34	12	20	66	0.009 (Significant)
	Absent	28	3	3	34	
9	Dehydration					
	Present	10	9	20	39	0.001 (Significant)
	Absent	52	6	3	61	
10	Warning Signs					
	Present	20	10	18	48	0.001 (Significant)
	Absent	42	5	5	52	
11	Total Count					
	Leukopenia	33	7	12	55	0.001 (Significant)
	Normal	27	4	2	33	
	Leucocytosis	2	4	9	12	
12	Platelet Count (Lakh)					
	< 1	18	12	19	49	0.001 (Significant)
	> 1	44	3	4	51	
13	Packed Cell Volume (PCV)					
	< 40	50	5	6	61	0.001 (Significant)
	> 40	12	10	17	39	
14	Renal Function Test (Abnormality)					
	Present	1	3	7	11	0.001 (Significant)
	Absent	61	11	16	87	
15	Liver Function Test (Liver Enzymes Elevation)					
	Present	10	7	5	22	0.037

	Absent	52	8	18	78	(Significant)
16	Serum Proteins					
	Normal	61	14	21	96	1.000
	Reduced	1	2	1	4	(Significant)
17	Coagulation Profile					
	Normal	58	6	19	83	0.001
	Abnormal	4	9	4	17	(Significant)
18	Ascites					
	Present	50	11	18	79	0.001
	Absent	12	4	5	21	(Significant)
19	Pleural Effusion					
	Present	50	12	16	78	0.001
	Absent	12	3	7	22	(Significant)
20	Serology					
	Dengue	32	13	16	61	0.001 (Non-Significant)
	Widal	5	0	0	5	
	U-c/s	11	0	0	11	
	B-c/s	10	1	1	12	
	Lepto-Igm	1	1	3	5	
	Scrub-Igm	0	0	2	2	
	Malaria	3	1	0	4	

DISCUSSION

In recent times patients admitted with febrile thrombocytopenia is increasing day by day in India. Death occurs in some patients due to heavy bleeding and shock. Death due to dengue and bacterial sepsis occurs commonly.^[14,15] There are many predicting factors for the outcome of patients with febrile thrombocytopenia which was evaluated by various studies. Some prognostic factors are needed for these increasing febrile thrombocytopenia cases for proper monitoring and effective treatment. In my study aim was to identify those prognostic factors during the admission. It was conducted in department of General Medicine in Government Theni Medical College & Hospital, Theni and the study was conducted during the period of January 2024 to March 2025. Prospective study was done in febrile thrombocytopenia patients in adults age above 12 years.

In this study 100 cases were randomly selected. In 100 cases 62% patients had only fever, 15% of them had fever with bleeding manifestations and 23% of them had fever with shock. In this study, there was not much significance for factors such as age, sex and locality of the patients with the p values of 0.671, 0.851 and 0.174. In this study among 100 cases admitted, more than 4 days fever cases are 58%. In this 58%, 30% of the patients developed only fever, 10% patients had hemorrhagic fever without shock. Remaining 18% had hemorrhagic fever with shock with 0.035 p value. It shows the significant association of day of fever with outcome. Among 100 patients admitted, general condition of the patients normal in 68%. In this 68%, 60% of the patients developed only fever, 7% patients had hemorrhagic fever without shock. Remaining 1% had hemorrhagic fever with shock with 0.01 p value. It shows the significant association of general condition of the patients with outcome.^[16]

Among 100 patients admitted, fever cases with respiratory distress are 33%. In this 33%, 4% of the

patients developed only fever, 10% patients had hemorrhagic fever without shock. Remaining 19% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of respiratory distress with outcome. Among 100 cases, fever cases with abdominal distension are 33%. In this 33%, 4% of the patients developed only fever, 10% patients had hemorrhagic fever without shock. Remaining 19% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of abdominal distension with outcome. Among 100 cases admitted, fever cases with hepatomegaly are 66%. In this 66%, 34% of the patients developed only fever, 12% patients had hemorrhagic fever without shock. Remaining 20% had hemorrhagic fever with shock with 0.009 p value. It shows the significant association of hepatomegaly with outcome.^[17]

Among 100 cases, fever cases with dehydration are 39%. In this 39%, 10% of the patients developed only fever, 9% patients had hemorrhagic fever without shock. Remaining 20% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of dehydration with outcome. There was no significant association of total count in prediction of outcome. Among 100 cases admitted, fever cases with warning signs are 48%. In this 48%, 20% of the patients developed only fever, 10% patients had hemorrhagic fever without shock. Remaining 18% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of warning signs with outcome.

Among 100 cases admitted, fever cases with less than 1 lakh are 49%. In this 49%, 18% of the patients developed only fever, 12% patients had hemorrhagic fever without shock. Remaining 19% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of platelet count with outcome. Among 100 cases, fever cases with PCV less than 40 are 61%. In this 61%, 50% of the patients developed only fever, 5% patients had hemorrhagic fever without shock. Remaining 6% had hemorrhagic fever with shock with 0.001 p

value. It shows the significant association of PCV with outcome.^[18]

Among 100 cases, more than fever cases with elevated RFT are 11%. In this 11%, 1% of the patients developed only fever, 3% patients had hemorrhagic fever without shock. Remaining 7% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of RFT with outcome.^[19] Among 100 cases admitted, fever cases with elevated liver enzymes are 22%. In this 22%, 10% of the patients developed only fever, 7% patients had hemorrhagic fever without shock. Remaining 5% had hemorrhagic fever with shock with 0.035 p value. It shows the significant association of elevated liver enzyme with outcome.

Among 100 cases admitted, fever cases with normal serum proteins are seen in 96%. In this 96 %, 61% of the patients developed only fever, 14 % patients had hemorrhagic fever without shock. Remaining 21% had hemorrhagic fever with shock with 1.000 p value. It shows that there was no significant association of serum proteins with outcome. Among 100 cases admitted, fever cases with normal coagulation profile are 83%. In this 83%, 58% of the patients developed only fever, 6% patients had hemorrhagic fever without shock. Remaining 19% had hemorrhagic fever with shock with 0.035 p value. It shows the significant association of coagulation profile with outcome. Among 100 cases admitted, fever cases with ascites are 79%. In this 79%, 50% of the patients developed only fever, 11% patients had hemorrhagic fever without shock. Remaining 18% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of ascites with outcome.

Among 100 cases admitted, fever cases with pleural effusion are 78%. In this 78%, 50% of the patients developed only fever, 12% patients had hemorrhagic fever without shock. Remaining 16% had hemorrhagic fever with shock with 0.001 p value. It shows the significant association of pleural effusion with outcome. There was significant association of serology in the prediction of morbidity. dengue positive cases are 61%, in 61% patients 32% of the patients developed only fever, 13% patients had hemorrhagic fever without shock. Remaining 16% had hemorrhagic fever with shock with 0.001 p value.

CONCLUSION

Among the admissions, 23% developed fever with shock and 15% developed fever with bleeding. Age, Sex and Locality of the patients didn't show much influence in outcome. Late visit to hospital with prolonged fever and warning symptoms influence negative outcome in these patients. Patients presenting with altered sensorium, respiratory distress, abdominal distension, hepatomegaly and dehydration had negative outcome as bleeding and shock. Total count of the patients at the time of

admission didn't show any influence in outcome. Patients with platelet count <1 lakh, elevated hematocrit, Abnormal renal function test, elevated liver enzymes and abnormal coagulation profile at the time of admission had poor outcome as bleeding and shock. Chest X-ray, Ultrasonogram abdomen revealing pleural effusion and ascites at the time of admission showed negative outcome.

Limitations: Our study involved only those patients admitted to our medicine department (a department in a tertiary care referral hospital) and hence it does not reflect data from the entire community. Our study was conducted with 100 Patients admitted with fever with thrombocytopenia. Hence we were not able to make definite recommendations owing to our small sample size.

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