# LETTER TO THE EDITOR

*(J Banagladesh Coll Phys Surg 2015; 33: 235-236)*

To

Editor-in-Chief

Journal of Bangladesh College of Physicians and Surgeons.

Sir,

I would like to thank you for publishing the article " Haemophagocytic Lymphohistiocytosis in Adult- A Case Report and Literature Review" in your journal . I have gone through it and appreciate the authors for reporting on such a rare and important case. I would like to share some of my observations and comments regarding this case.

Secondary haemophagocytic lymphohistiocytosis (HLH) occurs after strong immunologic activation which can occur with systemic infection, immunodeficiency or underlying malignancy. Epstein-Barr virus infection is most common one linked with HLH. Patient with dengue fever can sometimes develops unusual manifestation in the form of expanded dengue syndrome. HLH is one of the important expanded dengue syndromes.

That 65 years old male presented with drowsiness for 1day with a recent history of high grade intermittent fever in the month of June which is a peak month for dengue infection. In this case report clinical features suggestive of dengue i.e muscle and joints/bones pain, retro orbital pain was not mentioned clearly. Whether patient was febrile throughout the illness or became afebrile within a short period. Initial investigation was suggestive of dengue haemorrhagic fever. Author mention ICT for dengue was negative but I am not fully satisfied with only this statement. Whether NS1 antigen for dengue was done or not, was not mentioned. I would like to know if authors took every step to exclude possibilities of dengue in this case. As dengue fever is a burning public health problem in our country features mimicking dengue should be thoroughly investigate to confirm or refute the diagnosis.

Overall I think the case report and literature review is very much updated, informative. I would like to thank the authors for their hard work.

**References:**

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**Reply**

Thank you very much for going through the article and making your observation.

Our patient presented with drowsiness for 1 day with recent history of high grade intermittent fever and