

Dengue shock syndrome after percutaneous nephrolithotomy leading to hematuria and renal failure: A rare complication

Abstract

Hematuria following percutaneous nephrolithotomy (PCNL) is a dreaded complication. It necessitates blood transfusion in up to 10% of patients. It may be severe enough in <1% of patients to require angioembolization. We present a 50-year-old male who underwent PCNL for renal pelvic calculus. Since the day of the surgery, he had low-grade fever (100°F) which worsened (102°F) from the 2nd postoperative day. His preoperative urine culture was sterile. His platelet counts started dropping and NS1 antigen for dengue was positive. He also developed anemia (hemoglobin: 7g%) and platelet counts dropped to 17,000/cmm. He developed anuria on the 7th postoperative day, with serum creatinine rising to 7 mg%. He required two sessions of hemodialysis and urine output improved. There is a need for high index of suspicion for dengue, especially when fever and hematuria coexist in post PCNL patients.