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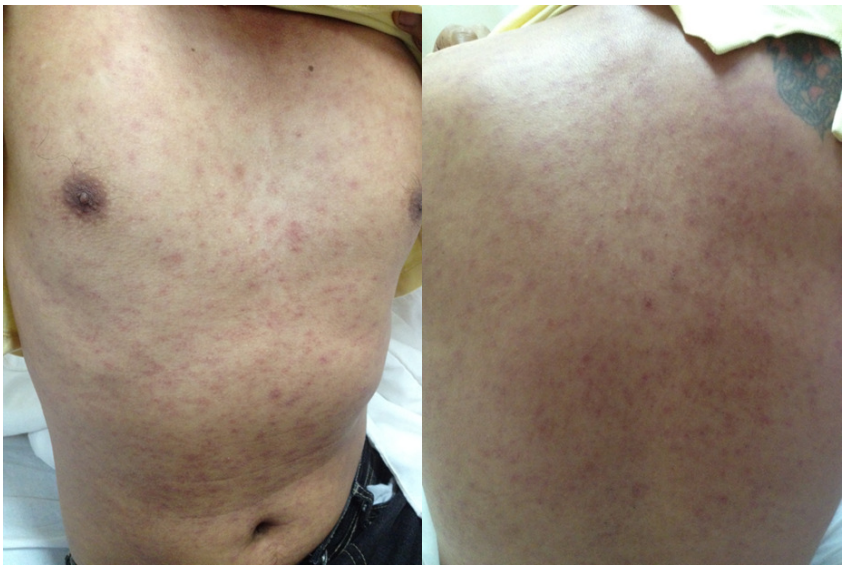

A young man with no past medical history was admitted with five days of intermittent high grade fever, presenting after the development of a widespread blanching rash on his trunk (**Panels)** and limbs. He also reported generalised body aches, headaches and a two-day history of diarrhoea. This all started after a jungle trip. Full blood count revealed thrombocytopenia.

## What is the diagnosis?

***Answer**: refer to page 60*

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**(*Refer to page 35*)**

## Answer: Maculopapular rash of Chikungunya fever

The most common skin manifestation of Chikungunya fever is the maculopapular rash. The rash commonly appears within seven days of illness. This tends to last 3-7 days. The rashes often start on the limbs and trunk, and may involve the face. It may be patchy or diffuse in distribution, with islands of normal skin within. The clinical manifestations, including the rash resemble another viral illness that is common in the tropic, Dengue fever resulting in misdiagnosis, if not formally tested.

Chikungunya fever is a self-limiting viral illness transmitted human-to-human via the bite of virus-carrying mosquitoes. It is characterised by sudden onset of severe fever, skin rashes, malaise and arthralgia. The joint pains can be severe and sometimes prolonged, which is where the name Chikungunya meaning 'to become contorted' arose, describing the stooped appearance of sufferers with severe arthralgia.

The disease is endemic in tropical Africa and Asia. The Chikungunya virus mosquito vectors are *Aedes aegypti* and *Aedes albopictus* which are also capable of transmitting dengue virus.

Fever (may be >40$^{o}$C) and malaise develop abruptly following an incubation period of 2-4 days. The fever typically lasts for 3-5 days. Arthralgia begins 2-5 days after onset of fever. It commonly involves >10 joint groups including hands, wrists and ankles. [1, 2] The arthralgia is usually symmetrical and involves distal joints more than proximal joints. [2] Myalgia, headache and gastrointestinal symptoms may also occur. [2] Complications of Chikungunya fever include cardiovascular decompensation, respiratory failure, myocarditis, renal failure, acute hepatitis, and neurologic involvement. [3]

The diagnosis of Chikungunya can be confirmed with serological tests that can detect the presence of IgM and IgG anti-Chinkungunya antibodies. IgM levels are highest 3-5 weeks after onset and persist for about two months.

Treatment of Chikungunya fever consists of supportive therapy including anti-inflammatory and analgesic agents to relieve symptoms. No antiviral agents or vaccine have been shown to be effective in humans. [3] Prevention is mainly on avoiding affected areas and minimising exposure to mosquitoes such as use of insect repellent, mosquito nets and insecticides.

**REFERENCES**

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**3:** Wilson ME. Chikungunya Fever. Up-to-date. Available from: http://www.uptodate.com/contents/chikungunya-fever/ (Accessed on 22$^{th}$ January 2014).