

Chikungunya: another urological disease?

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Dear Editor,

Chikungunya virus (CHIKV) infection has been recently associated with epidemics in Latin America, during the past two years [1]. Nevertheless, multiple clinical manifestations, after more than 60 years of research, are still to be better defined in this arbovirolosis [2].

CHIKV is primarily transmitted to humans by *Aedes aegypti* and *Aedes albopictus*. CHIKV has become very important due to the increase of cases all over the world during past decades. The first case was reported in 1952 to the south of Tanzania, Africa, and it was subsequently identified in Asia and Europe during the 1960s, and more recently (ending 2013) in the Americas [1]. In Latin American nations, CHIKV has emerged in 2014 as one of the most significant tropical infectious diseases, where other arboviruses, such as Dengue and Zika, are also cocirculating. Its clinical knowledge among healthcare workers is of utmost importance in order to avoid its misdiagnosis as dengue fever, due to their clinical similarities [3]. Until today, unfortunately, no effective licensed vaccine is yet available and vector control measures rely as the most important in prevention of disease [1, 4]. Common symptoms described include fever and joint pain, as well muscle pain, headache, nausea, fatigue and rash. However, this clinical presentation is similar to that caused by other arboviruses. CHIKV may have manifestations in central nervous system, eyes, joints, skin and even secondary urological manifestations have been described in association with clinical disease [4,5].

Unfortunately, research and articles regarding urological manifestations in CHIKV are lacking. Few studies available on this topic show as main manifestations in this system, chronic urinary retention,

isolated urinary symptoms, isolated symptoms of acute urinary retention and storage. Additionally, studies suggest that such manifestations, as occurs with chronic rheumatologic symptoms, may be presented after a long period, estimated in a median time of five months, post-infection [6]. Other reported findings include dilated upper tract, overactive, hypocontractile and acontractile detrusor muscle, among others [5]. According to available data the vast majority of patients (>84%) recovered successfully with appropriate intervention in less than one year (11 months) [4, 5].

As many other, urological manifestations in CHIKV infection clearly deserve more research, particularly because there has been a stable high incidence in many countries, particularly of Latin America, where transmission and chronic complications still continue to be seen in affected populations [5].

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