## Supplemental Table – 1 Summary of the investigations

	D3	D4	D5	D5	D6	D6	D7	D8	D17 On
			Morning	Eveni	Morning	Evening			discharge
				ng					
WBC ( x	3.38	3.35	3.33	4.81	6.48	8	8.48	11.2	10.9
$10^{3}/uL$ )									
Hb (g/dL)	14.7	15	16.4	18	16.9	15.8	15.3	14.9	15.2
PCV (%)	42	43	47	54.4	49.1	46.37	47.4	42.8	
Platelets (x	44	32	18	12	10	16	40	61	278
$10^{3}/uL$ )									
Total protein		6.3							6.63
(g/dL)									
Albumin		3.7							3.3
(g/dL)									
Globulin		2.6							
(g/dL)									
Total bilirubin		7							11.49
(mmol/L)									
Direct		1.07							2.1
bilirubin									
(mmol/L)									
ALP (u/L)		120							
GGT (u/L)		55							
AST (u/L)		119		265				160	73
ALT (u/L)		94		347				167	40
Creatinine		92							71
(mmol/L)									
Sodium		134							134
(mmol/L)									
Potassium		3.7							4.3
(mmol/L)									
CRP (mg/L)		10.9							15.2
Urinalysis –		nil							
pus cells									

RBC	nil					
Protein	nil					
PT (sec)	13.0				10	
INR	1.02				0.98	
APTT (sec)	22					
ESR (mm/1 <sup>st</sup>	05			04		
hour)						
NS-1 Ag	+ve					
Dengue IgM antibody		+ve				
Total cholesterol (mg/dl)	152					
FBS (mg/dl)	198					
HbA1C	6.7%					
ECG	Sinus rhythm. No ischaemic changes					
2D- echocardiogra m	Normal study. No cardiac source of thromboembolism					
MRI brain	T2 and FLAIR high intensity area with mild diffusion restriction and					
with MRA/MRV peripheral enhancement noted in the right thalamus, suggestive						
	acute right thalamic infarction					
	No abnormality detected on MRA/MRV					
Carotid doppler	Normal stu	ıdy				
Ultrasound scan of abdomen and KUB	Normal stu	ıdy				

Day of illness	Platelet count (u/L)	Haematocrit (%)	Clinical status			
			Dengue fever	Stroke		
Day 3 (Day of admission)	44,000	42.0 (Capillary PCV on admission)	Pre-critical monitoring started	Left upper limb and lower limb power MRC grade 4/5. Able to mobilize on his own. NIHSS score 3.		
Day 4	32,000	43.0	Pre-critical phase management continued	As above		
Day 5	12,000	54.4	Dengue leaking scan positive Critical phase started	Left upper limb and lower limb power MRC grade 3/5.Needs support to mobilize		
Day 7	40,000	47.4	Critical phase ended.	Mobilizing with support		
Day 10	190,000	44.2	Recovery phase with a clear increase in platelet count	Transferred to stroke unit for further management.		
Day 11	268,00	43.8	Recovered	Started on anti-platelets, statin and multi- disciplinary rehabilitation. Left upper limb and lower limb power MRC grade 3/5. NIHSS score 5.		
Day 17	278,000		Discharged. No further complications.	Left upper limb and lower limb power MRC grade 4/5. Able to mobilize independently NIHSS score 3.		

## Supplemental Table 2 - Timeline of important clinical events

## Supplemental Table 3. Summary table of previous publications of ischemic stroke in dengue

Author, Year; Reference	Age/ Sex	Key clinical features	Key neuroimaging findings - on CT/MRI	Outcome
Seet & Lim, 2006; [27]	43y, male	Dysarthria-clumsy hand syndrome	Haemorrhagic infarction in corona radiata, putamen, external capsule	Complete recovery
Liou et al., 2008; [25]	59y, male	Hemiparesis	Thalamic lacunar infarct	Near complete recovery
Mathew & Pandian, 2010; [5]	70y, female	Hemiparesis	Infarct in the right parietal lobe	Near complete recovery
Verma et al., 2013; [13]	68y, male	Hemiparesis	Infarct in the right parietal region	Partial recovery
Nanda et al., 2014 [30]	8y, female	Hemiparesis, visual impairment	Multiple infarctions in anterior & posterior circulation	Complete recovery
Manappalli, 2016; [26]	86y, male	Hemiparesis	Multiple lacunar infarcts in pons	Death (day 7)
Yoganathan et al., 2017; [34]	29 months, male	Altered consciousness, seizures, hemiparesis	Multiple infarcts in pons & centrum semiovale	Near complete recovery
Herath et al, 2018; [35]	53y, female	Dysarthria, ataxia, hemiparesis	Multiple infarcts in pons & medulla	Complete recovery
Estofolete et al, 2020; [36]	38y, female	Disoriented, seizures, decerebrate posturing	Multipe infarctions in cerebellum, thalamus & temporal lobe	Partial recovery
Current case, 2021	52y, male	Hemiparesis	Thalamic lacunar infarct	Complete recovery