

Scrub typhus and acute respiratory distress syndrome

Sir,

We read with interest the article on scrub typhus by Venkategowda *et al.*^[1] They have very well highlighted the fact that scrub typhus is an important differential diagnosis in patients getting admitted with fever and thrombocytopenia. A high index of suspicion and early antibiotics for the management of rickettsial diseases decrease the morbidity and mortality.

Acute respiratory distress syndrome (ARDS) is one of the complications of scrub typhus.^[2] It's a manifestation of the severity of respiratory system involvement. Pathological data from lung biopsy from patients developing ARDS in scrub typhus patients have shown that there is evidence of diffuse alveolar damage with hyaline membrane formation suggesting the damage is because of inflammatory mediators.^[3] This is similar in patients who develop

ARDS due to systemic inflammation like in sepsis. In this study, the most of the patient who had ARDS also had acute kidney injury (75%), acute liver failure (58.3%), and shock (70%). This shows that ARDS is a part of the multi-organ dysfunction, which affects patients with scrub typhus. We thus feel that classifying patients into with and without ARDS does not help in clinical management of these patients.

Table 2 of the article could have been better presented in two separate tables as patients on mechanical ventilation and 28 days mortality are in percentages and probably printed as mean \pm standard deviation due to typographical error. The data would have been better presented as median with interquartile range as the population is small and using mean has some limitations. It would have been better if the statistical tools used in the analysis had been described in the text.

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Conflicts of interest

There are no conflicts of interest.

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