

Risk factors for shock in dengue fever

Sir,

The recent report on “risk factors for shock in dengue fever” is very interesting.^[1] Pothapregada *et al.* proposed that “age >6 years, hepatomegaly, abdomen pain, and oliguria were the most common risk factors for a shock in children with dengue fever.^[1]” In fact, dengue fever is very common in tropical countries and shock can be the serious clinical manifestation.^[2] To early detect shock is very important in clinical management and the prediction seems to be difficult. Based on our experience, “the admission hematology laboratory data (hematocrit, white blood cell count, and platelet)” is not helpful for predicting shock.^[3] In additional, any

clinical complaints or demographical data of the patient cannot be also helpful for prediction.^[3] Similar to the report by Wakimoto *et al.*^[4] and Potts *et al.*,^[5] clinical and laboratory data might be useful for predicting severity but cannot be useful in shock prediction.^[3] Wiwanitkit and Manusvanich noted that “closed monitoring of dengue hemorrhagic patients is necessary” as it is the only way to detect the shock problem earlier.^[3]

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Conflicts of interest

There are no conflicts of interest.

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