

Can fluid resuscitation be a risk factor for laryngeal oedema in severe dengue?

Sir,

We sincerely thank the authors for their questions. We accept that bleeding in respiratory tract can be a complication of severe dengue, but it did not occur in our illustrated case.^[1] It is difficult to point to a single factor that is responsible, as the disease manifests with multi-organ involvement. We suggest fluid resuscitation as an additional risk factor which is rarely discussed in the literature on severe dengue, where there is capillary leakage and severe inflammatory response accompanied by slow resolution as compared to mild dengue.^[2] We stress that intravenous fluids should be “prescribed” only in the critical phase of dengue manifested by a rise in the haematocrit rising of 10%–20% or thrombocytopenia with features of dengue shock syndrome. Daily fluid balance should be monitored after which fluids have to be restricted.^[3] We suggest that fluid removal may also be required after this phase is over as described in the four phases of fluid resuscitation (rescue, optimisation, stabilisation and de-escalation) to prevent any complications of fluid overload.^[4]

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Conflicts of interest

There are no conflicts of interest.

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