Acute Shock Dengue Myocarditis

Shock agudo en la miocarditis por dengue

To the Editor,

The recent report on acute shock dengue myocarditis is of great interest. Guadalajara-Boo et al.\(^1\) report this finding in a case of dengue. In fact, fatal dengue myocarditis due to a dengue virus-induced cardiac lesion was reported a few years ago.\(^2\) An interesting question concerns the increased severity of the disease. According to the previous report from a highly endemic area, Thailand, dengue myocarditis is rare but is not fatal.\(^3\) This observation has many possible explanations. Basic fluid management is the key therapeutic strategy for any dengue case and proper management avoids severe complications.\(^4\) However, because cardiac complications of dengue seem to be a rare presentation, diagnosis can be delayed, resulting in high fatality.\(^5\) This problem can be seen in nonendemic areas with a new emerging dengue problem where physicians lack experience in the management of dengue. In addition, a remaining question is whether there are any genetic mutations in the dengue virus that may have increased its cardiac pathogenicity. Further research on this topic is required.

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REFERENCES


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Acute Shock Dengue Myocarditis. Response

Shock agudo en la miocarditis por dengue. Respuesta

To the Editor,

I appreciate Viroj Wiwanitkit comments on our recently published paper: “Histologic and Angiographic Imaging of Acute Shock Dengue Myocarditis”.\(^1\) I would like to emphasize a couple of points:

- In this case, dengue shock was treated with intravenous fluids and norepinephrine to maintain tissue perfusion, which could not have been achieved with intravenous fluids alone.
- The acute myocarditis appeared on the eighth day of admission and was treated in phase 1 of myocarditis (viral replication) with antiviral therapy (etiological treatment) and methylprednisolone, avoiding autoimmune inflammatory myocardial damage (phase 2). This management prevented permanent myocardial damage (phase 3) and eventual death.\(^3\) Spontaneous remission has previously been reported,\(^3\) and therefore we cannot be sure whether this would have occurred in our patient or whether our treatment really changed natural course of disease.

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REFERENCES


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