

**Acute Shock Dengue Myocarditis**E-mail address: [wviroj@yahoo.com](mailto:wviroj@yahoo.com)**Shock agudo en la miocarditis por dengue**

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**To the Editor,**

The recent report on acute shock dengue myocarditis is of great interest. Guadalajara-Boo et al<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> This observation has many possible explanations. Basic fluid management is the key therapeutic strategy for any dengue case and proper management avoids severe complications.<sup>4</sup> However, because cardiac complications of dengue seem to be a rare presentation, diagnosis can be delayed, resulting in high fatality.<sup>5</sup> 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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whether this would have occurred in our patient or whether our treatment really changed natural course of disease.

**Shock agudo en la miocarditis por dengue. Respuesta**

Jose Fernando Guadalajara-Boo

**To the Editor,**

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I appreciate Viroj Wiwanitkit comments on our recently published paper: "Histologic and Angiographic Imaging of Acute Shock Dengue Myocarditis".<sup>1</sup> I would like to emphasize a couple of points:

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- 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 (etiologic treatment) and methylprednisolone, avoiding autoimmune inflammatory myocardial damage (phase 2). This management prevented permanent myocardial damage (phase 3) and eventual death.<sup>2</sup> Spontaneous remission has previously been reported,<sup>3</sup> and therefore we cannot be sure

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