Hemophagocytic Lymphohistiocytosis Syndrome in Dengue Hemorrhagic Fever: Authors' Reply

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To the Editor: This is in reply to the letter by B. Joob and V. Wiwanitkit on our study entitled “Hemophagocytic lymphohistiocytosis syndrome in dengue hemorrhagic fever” [1]. HLH is a life-threatening complication with variable clinical presentation [2] and is secondary to infections (viral, bacterial, fungal or protozoan) in tropical countries. In an Indian report by Ramachandran et al., dengue was reported as the leading cause for HLH [3]. Veerakul et al. also reported a similar experience [4]. Persistence of fever beyond 7–8 d in dengue is usually due to secondary sepsis or dengue associated HLH. In our study, all 23 children presented with fever of more than 8 d, malena in 86.95 %, organomegaly in all children, progressive cytopenias and abnormal chemistry, namely triglyceride, fibrinogen and ferritin. All children admitted to the intensive units had blood and urine cultures done as a routine and only those children who did not have bacterial growth in both were taken for the study. That excludes children with sepsis. In areas where dengue is endemic, the awareness of dengue-associated HLH as a cause of fatality, needs to be highlighted as its course is similar to severe

dengue and sepsis induced multi organ dysfunction, but responds well to steroids and IV immunoglobulin.

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