Authors’ Reply

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Sir,

We appreciate the letter by Joob and Wiwanitkit regarding our article “Risk factors for acute respiratory distress syndrome development in patients with type A influenza A (H1N1)” [1].

There is no dilemma when it comes to the definition of diabetes mellitus in our patients, because the data supporting the existence of diabetes mellitus as the proved risk factor for acute respiratory distress syndrome (ARDS) in patients with H1N1 influenza was obtained by the survey respondents.

ARDS is not only a hallmark of health system with poor medical resources, because your suggestion that: “Indeed, the ARDS is a serious fatal complication of H1N1 infection and high rate of this complication is reported in many developing countries with poor medical resource” should be extended to more developed health systems.

Namely, based on the authors’ experience on 13 patients at the University of Michigan, seven in Canada, 168 patients at Leicester UK, 194 in Australia and New Zealand, one case report from Hong Kong and two from Singapore this complication in the patients with type A influenza (H1N1) has been described. The review further compares the results of four centers that managed patients with influenza like illnesses, the majority of whom were later confirmed to have H1N1 who subsequently developed serious respiratory complications especially ARDS. In addition, during the 2009 Australia and New Zealand outbreak, the majority of H1N1 influenza cases received extracorporeal membrane oxygenation support. At the time of the most recent report 32% of the cohort patients remained alive in the hospital, 47% had survived to be discharged from hospital and 21% died [2, 3].

All of this information should facilitate health care planning and clinical management for these complex patients during the ongoing pandemic.

Thus, clinicians should be aware that severe illness and fatal outcomes can also occur in patients and without known risk factors for complications.

REFERENCES


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