DOI: 10.2298/SARH1212812J

Risk Factors for Acute Respiratory Distress Syndrome in H1N1

Beuy Joob[1], Viroj Wiwanitkit[2]

[1]Sanitation 1 Medical Academic Center, Bangkok, Thailand;
[2]Visiting professor, Hainan Medical University, China; visiting professor, Faculty of Medicine, University of Niš, Serbia; adjunct professor, Joseph Ayobabalola University, Nigeria

Sir,

The recent report on "risk factors for acute respiratory distress syndrome (ARDS) development in patients with type A influenza (H1N1)" is an interesting report [1]. It was concluded that "diabetes, late initiation of antiviral therapy and some laboratory tests are risk factors for ARDS development [1]." 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 [2, 3]. To find the risk factor can be useful, however, there are many considerations. The use of retrospective analysis might have the problem of data record and this can affect the final result (for example, one might not know whether he or she has diabetes mellitus or not if there is no previous blood test). Focusing on laboratory investigation, it can be informative. Some new laboratory investigations such as procalcitonin might be useful in managing H1N1 infected patients [4]. Finally, it should be noted that the rapid clinical change in H1N1 infected patients can be expected, hence, closed follow-up is required for all cases with or without risk factors.

REFERENCES

1. Djordjević Z, Lazić Z, Gajović O, Čanović P, Todorović Z, Mijailović Ž, et al. Risk factors for acute respiratory distress syndrome development in patients with type A influenza (H1N1). Srp Arh Celok Lek. 2012; 140(7-8):441-7.
2. Kumar TC, Shivakumar NS, Deepak TS, Krishnappa R, Goutam MS, Ganigar V. H1N1-infected patients in ICU and their clinical outcome. N Am J Med Sci. 2012; 4(9):394-8.
3. Ramakrishna K, Sampath S, Chacko J, Chacko B, Narahari DL, Veerendra HH, et al. Clinical profile and predictors of mortality of severe pandemic (H1N1) 2009 virus infection needing intensive care: a multi-centre prospective study from South India. J Glob Infect Dis. 2012; 4(3): 145-52.
4. Javadi AA, Ataei B, Khorvash F, Babak A, Rostami M, Mostafavizadeh K, et al. Clinical features of novel 2009 influenza A (H1N1) infection in Isfahan, Iran. J Res Med Sci. 2011; 16(12):1550-4.

Correspondence to:
Beuy JOOB
Sanitation 1 Medical Academic Center, Bangkok Thailand
beuyjoob@hotmail.com