

VARIATION IN RENAL PARAMETERS IN DENGUE AND NON-DENGUE PATIENTS

Abstract

Background: Dengue virus infection (DVI) is a vector-transmitted illness that is widespread in tropical and subtropical regions. DVI has been linked to numerous renal completely such as proteinuria, glomerulonephritis, and acute kidney injury (AKI), which have been documented to occur concurrently with or immediately following acute dengue infection. The purpose of the study was the variation in renal parameters in dengue and non-dengue patients.

Methods: The retrospective study conducted at cooperative hospital vadakara, kerala. Total 100 subjects (50 dengue patients and Non dengue patients). All dengue patients were identified by registration number using hospital record management system. Patients admitted with primary and confirmed diagnosis of DVI, irrespective of severity were included in this study. The investigation of the study was to compare urea, uric acid, creatinine, and serum electrolyte levels in dengue patients and non-dengue patients. The analysis was performed within 24 hours after collection with the help of ABBOTT ARCHITECT 4100 Analyzer.

Results: In this study 100 subjects were taken; 50 were selected as dengue patients and 50 were selected as non dengue patients. It has drastically expanded urea and creatinine in dengue patients compared with non dengue sufferers. Serum electrolytes showed slightly decreased in dengue patients compared with non-dengue sufferers.

Conclusion: The observed change in creatinine and urea increases in dengue patients compared to non-dengue patients. Sodium, potassium and chloride are almost reduced in dengue patients compared to non-dengue patients. Therefore, we can predict acute kidney injury by evaluating the kidney characteristics of dengue patients.

Comment [GL1]: Insert the study's objective into a separate topic from the background.

Comment [GL2]: Insert a period (full stop) after the study location.

Comment [GL3]: It is interesting to include the country where the study was conducted.

Comment [GL4]: 50 Dengue patients and 50 Non-dengue patients

Comment [GL5]: Was data collection carried out using medical records? Were they physical or electronic records?

Comment [GL6]: Was the identification of patients without dengue also carried out in the same way? It is necessary to make this clear in the summary.

Comment [GL7]: Not only regardless of severity but also of age group and gender.

Comment [GL8]: It would be interesting to present these results showing the increase in percentages.

Keywords: Acute kidney injury ,DF or DHF/DSS,thrombocytopenia.

1. INTRODUCTION

Dengue viral infection(DVI) is a mosquito-borne contamination especially normal in the tropics and subtropics and is taken into consideration a prime worldwide fitnesshazard by means of the sector healthenterprise (WHO). approximately one-third of the world's population is atrisk for dengue infection [1]. the global infection rate procedures 50-100million each year

The dengue virus is an RNA virus from the genus Flaviviridae which is transmitted by the bite of Aedcs aegypti mosquito. There arefour serotypes of dengue virus; infection with one serotype produces lifelong immunity to that serotype, but the immunity lasts only a few months for other serotypes.

The dengue virus has an incubation length of 3-14[2] days. DVI is manifested by way of a ramificationofscientificdisplayssuchasasympomatic contamination, undifferentiatedfever,denguefever(DF), dengue hemorrhagic fever (DHF), and existence-threatening dengue shock syndrome (DSS). Like other tropical infections, DVI is related to multiple organ dysfunction involvingliver,muscularissues,coronaryheart, brain, and kidneys.[3],[4]

DVI has been related to a variety of renal manifestations which includes proteinuria, hematuria, glomerulonephritis, and acute kidney harm (MU), which have been suggested at some stage in or quickly after acute dengue infection, The occurrence of the

above renal manifestations varies among 17% and 62%in sufferers with DVI[5]

Acute Renal Failure (RF) is a unprecedented however nicely known problem of Dengue infection that is a retrospective take a look at on versions in one of a kind renal parameters in dengue patients.[6]

2. MATERIALS AND METHODS

This was a retrospective study with across-sectional design. Study conducted at vadakara,cooperative,hospital,vadakara. The data was analyzed between October 2023 to December 2023.Total 100 subjects(50Denguepatientsand50 Non-dengue patients).

Inclusion criteria; Patients of every age group were included. Both male and female who are examined Suspected DVI cases were diagnosed by using at least one ofthefollowingcriteria:1. Positive reverse transcriptase polymerase chain reaction. 2.Presence of dengue immunoglobulin M and G antibodies in acute-phase serum by enzyme-linked immunosorbent assay. The serum samples were also tested for dengue-specific NS1 antigen.The analysis was performed within 24 hours after collection with the help of ABBOTT ARCHITECT 4100 Analyzer.

Statistical Analysis

The collected data were summarized by using the Descriptive Statistics:frequency, mean and S.D. The Independent sample “t” test was used to compare urea, uric acid, creatinine and serum electrolytes between dengue and non-dengue cases. The “t” test was used to compare urea ,uric acid ,creatinine and serum electrolytes according to gender. The p value < 0.05 was considered as significant. Data were analyzed by using the SPSS software (SPSS Inc.; Chicago, IL) version 29.0.10.

Comment [GL9]: Include keywords that best represent the study. It is not advisable to use acronyms.

Comment [GL10]: In the introduction, the authors should better elucidate the research problem, providing a clear and concise explanation of why it is relevant to identify differences in renal parameters between patients with and without dengue. Additionally, they should discuss the potential consequences for the patient. In this context, acute kidney injury and its potential complications are addressed.

Comment [GL12]: At the end of the introduction, authors should present the research problem and the study's objective.

Comment [GL13]: The study is cross-sectional, so it is highly recommended that you use the STROBE checklist to ensure that all essential elements of your study are reported comprehensively and transparently. This contributes to the robustness and credibility of your work in the field of epidemiology.

Comment [GL14]: It is interesting to include the country where the study was conducted.

Comment [GL11]: What is the source of this information?

Comment [GL15]: Insert a justification for why the study was conducted with a sample of 100 patients.

Comment [GL16]: Present how data collection occurred, the collection period, and which data were collected.

Comment [GL17]: Were there any exclusion criteria?

1. RESULTS AND DISCUSSION

Table – 1: Level of urea ,uric acid ,creatinine and serum electrolytes in dengue and non dengue patients

PARAMETER	DENGUEPATIENT	NON-DENGUE PATIENTS
SODIUM(mEq/l)	130.45	139.05
POTASSIUM(mEq/l)	3.27	3.98
CHLORIDE(mEq/l)	92.88	102.06
UREA(mg/dl)	68.78	23.14
URICACID(mg/dl)	5.48	5.44
CREATININE(mg/dl)	2.41	0.83

Table 1 shows that sodium, potassium and chloride are slightly decreased in dengue patients compared to non-dengue patients. Urea and creatinine levels are significantly increased in dengue patients compared to non-dengue patients. The levels of uric acid did not show a significant change between the two groups..

Table 2: Comparison of urea, uric acid, creatinine and serum electrolytes between dengue and non-dengue cases

		Mean	S.D.	"t"	pvalue
Urea(mg/dl)	Denguepatients	68.78	35.70	7.43	<0.001*
	NonDenguepatients	23.14	6.95		
Creatinine(mg/dl)	Denguepatients	2.41	1.78	5.64	<0.001*
	NonDenguepatients	0.83	0.20		
Uricacid(mg/dl)	Denguepatients	5.48	2.26	0.08	0.940
	NonDenguepatients	5.44	1.14		
Sodium(mEq/l)	Denguepatients	130.45	4.16	-11.82	<0.001*
	NonDenguepatients	139.05	2.39		
Potassium(mEq/l)	Denguepatients	3.27	0.46	-7.28	<0.001*
	NonDenguepatients	3.98	0.43		
Chloride(mEq/l)	Denguepatients	92.88	4.54	-9.43	<0.001*
	NonDenguepatients	102.06	2.85		

("t"=Independentsample"t"test;*Significant)

The Independent sample "t" test was used to compare urea, uric acid, creatinine and serum electrolytes between dengue and non-dengue cases. There was a difference ($p < 0.05$) in urea, creatinine and serum electrolytes between dengue and non-dengue cases. [Table – 2]

Comment [GL18]: In my view, there is no need for Table 1, as Table 2 presents the same data. Replace Table 1 with a table detailing the characterization of the patients.

Comment [GL19]: Instead of initiating the results with a table, it is more accurate to present the characteristics of the study population first.

Comment [GL20]: Reorganize the manuscript sections: 1 - Introduction; 2 - Materials and Methods; 3 - Results; 4 - Discussion; 5 - Conclusion.

Comment [GL21]: Do the values in Table 1 consist of averages of the analyzed patients?

Comment [GL22]: Insert a caption in the table with an explanation regarding the unit of measurement.

Comment [GL23]: It would be interesting to present these results showing the increase in percentages

Table 3: Comparison of urea, uric acid, creatinine and serum electrolytes according to gender

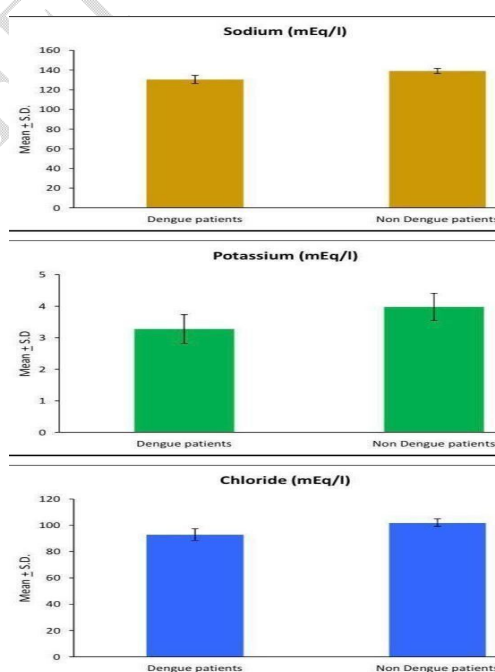
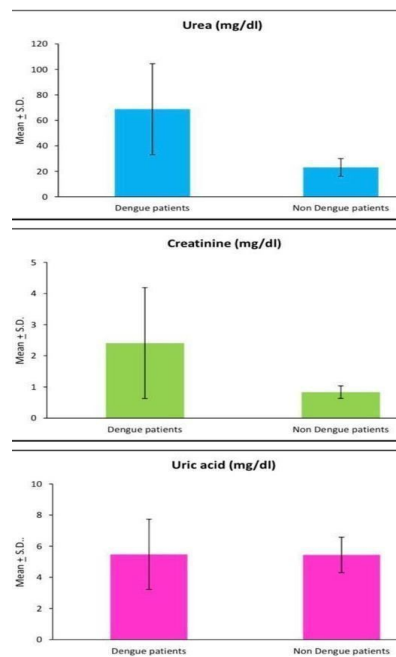
		Mean	S.D.	"t"	pvalue
Urea(mg/dl)	Male	52.92	39.17	2.25	0.027*
	Female	33.96	17.62		
Creatinine(mg/dl)	Male	2.08	1.73	3.75	<0.001*
	Female	0.90	0.37		
Uric acid(mg/dl)	Male	5.78	1.90	1.99	0.051
	Female	4.86	1.22		
Sodium(mEq/l)	Male	135.21	5.30	0.77	0.444
	Female	134.27	5.76		
Potassium(mEq/l)	Male	3.64	0.52	-0.09	0.930
	Female	3.65	0.64		
Chloride(mEq/l)	Male	97.94	5.68	-0.26	0.794
	Female	98.36	6.25		

("t" =Independent sample "t" test;* Significant)

The Independent sample "t" test was used to compare urea, uric acid, creatinine and serum electrolytes according to gender. There was a difference ($p < 0.05$) in urea as well as creatinine between males and females. [Table – 3]

Graph 1: Graph shows the comparison between urea ,creatinine ,uric acid in dengue and non dengue patients.

Graph 2 : Graph shows the comparison between serum electrolytes in dengue and non dengue patient



From the graph It is clearly seen that the mean increase in urea and creatinine is significantly higher in dengue patients than in non-dengue patients. Uric acid ranges confirmed that there was no significant trade between the two organizations.

Table 2 and graph number 1 definitely show that there was a difference ($p < 0.05$) between urea, creatinine in dengue cases..

The graph clearly shows that the mean sodium, potassium and chloride concentrations of dengue patients are slightly decreased compared to non-dengue patients.

Table 2 and graph number 2 clearly show that there was a difference ($p < 0.05$) in sodium, potassium and chloride between dengue and non-dengue cases

2. Discussion

The retrospective study evaluated various renal parameters in dengue patients compared to non-dengue patients. Out of 100 samples collected, 50 were from dengue patients and 50 were from non-dengue patients. Creatinine and urea levels were significantly higher in dengue patients than non-dengue patients. Sodium, potassium, and chloride levels were slightly lower in dengue patients compared to non-dengue patients. Uric acid levels did not significantly differ between dengue and non-dengue patients. A previous study on renal manifestations of dengue viral infections by Mahesh Eswarappa et al. (2019) found that AKI (acute kidney injury) is a complication of dengue infection. The findings of my study align with previous research published in the Journal of Clinical and Diagnostic Research on "Acute Renal Failure in Dengue Infection." That study found that acute renal failure in dengue infection is typically caused by extensive capillary leakage, hypotension, rhabdomyolysis, hemolysis, and severe disseminated intravascular coagulation. These factors lead to hypoxia, ischemia, and multiple organ dysfunction, as noted across various case reports. In some patients, acute tubular necrosis with interstitial edema and mononuclear cell infiltration can also

contribute to renal failure. The exact mechanisms by which dengue virus directly damages the kidneys, even in dengue fever patients without bleeding or hypotension, remains unclear. Similarly, a study by Karlo J Lizarragal and Ali Nayer on "Dengue- Associated Kidney Disease" found proteinuria in up to 74% of patients with dengue hemorrhagic fever. They described a 22-year-old woman with confirmed dengue infection who initially had a serum creatinine of 1.0 mg/dL.

3. Conclusion

The study examined the differences in renal parameters between dengue patients and non-dengue patients. It was observed that creatinine and urea levels were higher in dengue patients compared to non-dengue patients. sodium, potassium, and chloride levels were slightly lower in dengue patients than in non-dengue patients. Uric acid levels showed no significant change between the two groups. In conclusion, the study suggests that renal complications from dengue infections are generally mild. However, some patients may experience more severe renal damage, potentially resulting in acute renal failure. This highlights acute renal failure as a possible complication of dengue infections. By assessing renal function tests in dengue

Comment [GL24]: The discussion should begin with a paragraph providing an overall summary of the results.

Comment [GL25]: The discussion needs to be better elaborated. The authors should carefully analyze each of the presented results, relying on updated scientific literature. It is crucial to discuss the found differences, addressing possible outcomes for the patient. In the discussion, the authors should explore how dengue causes these alterations in the patient and its complications on renal functions.

Comment [GL26]: No need to repeat that the study is retrospective.

Comment [GL30]: Insert the year of the study

Comment [GL27]: No need to repeat this information.

Comment [GL31]: At the end of the discussion, present the study's limitations.

Comment [GL28]: What studies?

Comment [GL29]: Where are the references?

patients, it may be possible to predict the development of acute kidney injury.

Informed consent

Written informed consent was taken from each participant before enrollment.

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Comment [GL32]: Check the need for study approval by the Research Ethics Committee.

Comment [GL33]: Support the introduction and the discussion with updated references

correlations and their association with poor outcome.

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