



Acute Kidney Injury in Overweight/Obese Children with Dengue Hemorrhagic Fever

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Age

Male

BMI

BMI Z-score

Hct

at admission

Peak Hct level

WBC count

Platelet count

at admission

Dengue shock syndrome

(DHF

grade III -IV)

Acute liver

failure

Co-infection

Sepsis and

DIC Severe

Hemorrhage

Need for

critical care

Length of stay

Death

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Total=78

12.0 (9.8-13.9)

54/78 (69.2%)

29.2

(24.9 - 32.2)

3.7(3.1-4.3)

41.4 ±4.5

43.1%

(40.0-45.8)

3.325

(2.450-5597)

98 000

(56,500-162,000)

8/78(10.3%)

2/78 (2.6%)

15/78 (19.2%)

2/78 (2.6%)

2/78 (2.6%)

7/78 (9.0%)

3 (2-4)

1/78(1.3%)

With AKI =10

12.0(9.8-13.9)

8/10(80.0%)

28.8

(25.4-32.3)

3.7(3.2-4.3)

39.6±1.5

42.6%

(41.3-50.5)

7.255

(3.552-10902)

162,000

(81,750-224,000)

3/10(30.0%)

1/10(10.0%)

3/10 (30.0%)

1/10(10.0%)

1/10(10.0%)

3/10 (30.0%)

4.5(3-10)

1/10 (10.0%)

No AKI=68

11.9 (9.0-13.5)

46/68 (67.6%)

29.2

(24.9 - 32.2)

3.7(2.9-4.4)

 41.7 ± 0.5

43.2%

(39.6-45.6)

3.215

(2.270-5332)

97,000

(54,250-155,750)

5/68(7.4%)

1/68 (1.5%)

12/68(18.9%)

1/68 (1.5%)

1/68(1.5%)

4/68 (5.9%)

3 (2-4)

0/68

p-value

0.28

0.43

0.81

0.82

0.38

0.34

0.01

0.11

0.03

0.11

0.62

0.11

0.26

0.01

0.03

0.01

Background:

Dengue hemorrhagic fever (DHF) is a severe and potentially life-threatening condition affecting children and young adults in endemic areas. Obesity is known to alter immune and inflammatory responses potentially worsening the clinical course of dengue infection.

This study aims to identify the prevalence and associated factors of acute kidney injury (AKI) in overweight/obese children with DHF

Methods:

Retrospective study



- Overweight/Obese Children 5-18 years old
- Diagnosed with DHF between 2013 and 2023 at Siriraj Hospital, Bangkok, Thailand

Non-AKI n = 68

Results:

no-AKI



according to KDIGO 2012 criteria

- Mean time of AKI = 2.6 days after fever onset
- Higher white blood cell counts
- Greater frequency of Dengue shock syndrome (DHF grade 3 and 4)
- More severe disease is characterized by longer hospital stays, need for critical care, and increased mortality.

Conclusions:

AKI is a relatively common complication in overweight/obese children with DHF and is associated with more severe disease features and prolonged hospitalization. The lack of leukopenia and higher WBC counts may reflect a heightened inflammatory response contributing to kidney injury.

Early recognition and monitoring of renal function in this high-risk group are crucial for timely management and improving outcomes.