Reviewer’s report

Title: Crystalloid or colloid boluses for the management of dengue shock syndrome in the presence of ascites and pleural effusions?

Version: 2 Date: 3 November 2010

Reviewer: Po-Liang Lu

Reviewer’s report:

The article reports three interesting cases and suggests clinicians to notice the occurrence of pulmonary oedema while managing DSS. However, it is hard to suggest a conclusion that crystalloid boluses may contribute to recovery phase pulmonary oedema because the three cases had both crystalloid and colloid boluses.

Major compulsory revisions

1. All three cases had both colloid and crystalloid fluid (different from the statement in the abstract, case presentation, the first line, …..received boluses of crystalloids), it is hard to suggest the pulmonary edema is due to crystalloid. Then it is hard to draw a conclusion about colloids rather than crystalloids would prevent development of recovery phase pulmonary oedema.

2. The authors may consider the following article as a reference. Comparison of three fluid solutions for resuscitation in dengue shock syndrome. New England Journal of Medicine, 2005, 353:877–889. In the double blinded RCT, the clinical fluid overload percentages did not differ between cases using colloid and crystalloid fluid.

3. Did the case 2 have evidence of pulmonary oedema? Could it be possible that she died of cardiovascular disease related with dengue shock syndrome.

Minor essential revisions

1. For abbreviations, please provide the full name when they appeared in the first time, such as CPAP.

2. May check the presentation of figures and units. For example, 26yrs to be 26 yrs.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.