Abstract

Dengue fever is a tropical disease that leads to complications such as plasma leakage and circulatory collapse. Fluid overload is a known complication that occurs towards the latter part of the illness usually due to overtreatment with fluids during the critical phase. Acute kidney injury is a complication that occurs as a result of shock which usually occurs after 5 to 6 days.

When there is a burden of extravascular or intravascular fluid overload in a background of oliguric renal failure continuous renal replacement therapy is an attractive option to get rid of the extra fluid which may also be used as a preventive measure in patients in whom fluid overload is anticipated.

This presents an unusual case of a 27-year-old female found to have evidence of both acute kidney injury as well as early extravascular fluid overload on presentation (on the 04th day of the illness) which is not a common scenario in clinical practice. She also developed concomitant acute liver injury, hemorrhage, and septic shock who ultimately expired on the 26th day of the illness. Although N-acetylcysteine has proven efficacy only for paracetamol-related liver injury, in this patient it resulted in a significant response concerning liver enzymes, lactate, and INR. In addition, CRRT was used in this patient in a complicated background of extravascular fluid overload, circulatory collapse, and oliguric renal failure.