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<tr>
<td>Citation</td>
<td>American Journal of Tropical Medicine and Hygiene, 77(6), pp.1135-1138; 2007</td>
</tr>
<tr>
<td>Issue Date</td>
<td>2007-12</td>
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<tr>
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Lack of Efficacy of High-Dose Intravenous Immunoglobulin Treatment of Severe Thrombocytopenia in Patients with Secondary Dengue Virus Infection

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Abstract. Because most cases of secondary dengue virus infection are associated with an increased level of platelet-associated IgG, a high dose of intravenous immunoglobulin (IVIG) may have an effect on the development of severe thrombocytopenia in this disease. A randomized, controlled study was conducted with two treatment groups consisting of a treatment (IVIG) group (n = 15) and a non-treatment (non-IVIG) group (n = 16) to determine whether a high dose of IVIG is effective in hastening the recovery from thrombocytopenia in patients with secondary dengue virus infection. No significant difference was found in the baseline demographic data between the two groups. No adverse effect of IVIG was observed, but no effect in hastening the recovery of platelet counts was found in patients with secondary dengue infections. The lack of efficacy of IVIG suggests that platelet clearance by macrophages through Fc γ receptors is not a primary mechanism in this disease.

INTRODUCTION

Dengue virus types 1–4 induce a wide spectrum of clinical manifestations, including hemorrhagic manifestations associated with thrombocytopenia and increased vascular permeability. Secondary infections, which are commonly observed in dengue-endemic areas, are more likely to constitute a risk factor for dengue hemorrhagic fever (DHF). Although dengue virus–induced bone marrow suppression decreases platelet synthesis, an immune mechanism of thrombocytopenia resulting in increased platelet destruction appears to be operative in patients with DHF.2,3 This disease is now highly endemic in more than 100 tropical countries, and the number of cases has increased dramatically during the past three decades.4,5 More than 1,000 deaths occur annually due to DHF, and no specific treatment is currently available.

The high frequency of elevated platelet-associated IgG (PAIgG) in idiopathic thrombocytopenic purpura (ITP) suggests that PAIgG is involved in the mechanisms of thrombocytopenia.6,7 Platelets coated with IgG autoantibodies, which form PAIgG, undergo accelerated clearance through Fcγ receptors that are expressed on tissue macrophages. Intravenous immunoglobulin (IVIG) is currently a widely accepted treatment option for ITP. Therapeutic activity of IVIG in the amelioration of ITP appears to involve the mechanism of competitive inhibition of activating Fc γ receptors on phagocytic macrophages in the mononuclear phagocytic system by IVIG-sensitized erythrocytes.7 Recent studies demonstrated that the levels of PAIgG levels were inversely correlated with platelet count in patients in the acute phase of secondary dengue virus infections.8,9 An increased level of PAIgG was observed in 73.8–80.8% of patients with secondary dengue virus infection. These data indicate that the formation of PAIgG in patients with secondary dengue virus infection may result in thrombocytopenia due either to platelet clearance by macrophages or to platelet lysis. This disease can be classified as a dengue virus–induced ITP. It was hypothesized, therefore, that Fc γ receptor blockade by a high dose of IVIG might inhibit the development of severe thrombocytopenia caused by secondary dengue virus infection. A previous case report had suggested this effect in a patient with dengue fever (DF).10

MATERIALS AND METHODS

Patients and study design. The present randomized, controlled study was conducted to determine the efficacy of a high dose of IVIG in hastening the recovery of platelets or inhibiting the development of severe thrombocytopenia in patients with secondary dengue virus infection. Thirty-six patients clinically suspected of being infected with dengue virus who fulfilled the inclusion criteria were admitted and enrolled in the study on the first day of admission (day 1) to San Lazaro Hospital (Manila, The Philippines) between October and November 2005. Dengue hemorrhagic fever was diagnosed according to World Health Organization (WHO) criteria.11 There were two inclusion criteria for these patients: 1) an acute phase of dengue illness (within 5 days after the onset of illness) verified by the particle agglutination test for dengue IgM,12 and 2) severe thrombocytopenia (platelet count between 20,000 μL and 80,000/μL) without prominent manifestation of bleeding or shock. The exclusion criterion was a present history of platelet transfusion either before or after admission to the hospital. The study was reviewed and approved by the Bioethics Committees of San Lazaro Hospital and St. Luke’s Medical Center. Parents or guardians of all patients provided written informed consent.

Of the patients enrolled, 34 were confirmed to be infected with the dengue virus infected on the basis of a positive result by IgM-capture enzyme-linked immunosorbent assay or reverse transcription–polymerase chain reaction.13,14 Three patients were diagnosed as having primary infections, and 31 patients were diagnosed as having secondary infections by a hemagglutination inhibition test.15 Laboratory tests were conducted at St. Luke’s Medical Center (Quezon City, The Phil-

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Enrolled patients with secondary infections were randomly assigned to the IVIG group and non-IVIG treatment
* TABLE 1 
<table>
<thead>
<tr>
<th>Parameter</th>
<th>IVIG (n = 15)</th>
<th>Non-IVIG (n = 16)</th>
<th>P</th>
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<tr>
<td>Mean age, years (SD)</td>
<td>16.3 (3.6)</td>
<td>14.3 (3.4)</td>
<td>0.010</td>
</tr>
<tr>
<td>Male %</td>
<td>53.3</td>
<td>43.8</td>
<td>0.594</td>
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<tr>
<td>Mean body weight, kg (SD)</td>
<td>37.8 (10.6)</td>
<td>37.3 (8.7)</td>
<td>0.891</td>
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<tr>
<td>Days after onset (SD)</td>
<td>3.9 (0.6)</td>
<td>3.7 (1.1)</td>
<td>0.462</td>
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<tr>
<td>Laboratory data on day 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mean platelet count, ( \times 10^9/\mu \text{L} ) (SD)</td>
<td>54.9 (12.7)</td>
<td>48.0 (13.1)</td>
<td>0.147</td>
</tr>
<tr>
<td>Mean AST, U/L (SD)</td>
<td>129.1 (130.5)</td>
<td>124.0 (69.5)</td>
<td>0.893</td>
</tr>
<tr>
<td>Mean ALT, U/L (SD)</td>
<td>100.6 (105.2)</td>
<td>59.5 (31.5)</td>
<td>0.146</td>
</tr>
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</table>

DISCUSSION

Although the patients were enrolled in an early phase of the illness (less than 4 days after onset), the effect of IVIG on
recovery of platelet count could be evaluated, but the inhibitory effect on the development of thrombocytopenia could not evaluated. No adverse effect of IVIG was noted, but there was no shortening of the time for platelet counts to return to normal levels in patients with secondary dengue infections. Because a rapid recovery of platelet counts is typically found in most patients with severe thrombocytopenia, no additional management of hemostatic abnormalities, including a high dose of IVIG, is required for such patients.

Our group recently developed an in vitro assay of phagocytosis of human platelets using flowcytometry. With this assay, it was shown that phagocytosis of platelets from patients with secondary infections by macrophages is significantly increased compared with that of platelets from healthy control subjects (Oishi K. and others, unpublished data). These data suggest that platelet clearance by macrophages plays a role in thrombocytopenia in this disease. Collectively, the lack of efficacy of IVIG in treating severe thrombocytopenia in secondary dengue virus infection shown in this study suggests that platelet clearance by macrophages through Fc γ receptors is not a primary mechanism of thrombocytopenia in secondary dengue virus infection. Other immune mechanisms in this disease may involve platelet clearance by macrophages through complement receptor 3 (CR3) and complement-mediated platelet lysis because complement activation mediated by circulating viral antigen is involved in the pathogenesis of this disease.6,18

Alternatively, de Castro and others recently conducted a pilot study to determine whether anti-D (RhD) immunoglobulin treatment, which resulted in a platelet increase of more than 70% in Rh+ non-splenectomised patients with ITP, was effective in increasing platelet counts among pediatric subjects (Oishi K. and others, unpublished data). These data suggest that platelet clearance by macrophages plays a role in thrombocytopenia in this disease. Collectively, the lack of efficacy of IVIG in treating severe thrombocytopenia in secondary dengue virus infection shown in this study suggests that platelet clearance by macrophages through Fc γ receptors is not a primary mechanism of thrombocytopenia in secondary dengue virus infection. Other immune mechanisms in this disease may involve platelet clearance by macrophages through complement receptor 3 (CR3) and complement-mediated platelet lysis because complement activation mediated by circulating viral antigen is involved in the pathogenesis of this disease.6,18

In conclusion, the present study demonstrated a lack of efficacy for a high dose of IVIG in hastening the recovery of platelet counts in patients with secondary dengue virus infection. These data suggest that platelet clearance by macrophages through Fc γ receptors is not a primary mechanism of thrombocytopenia in secondary dengue virus infection. Further studies are required to identify the immune mechanisms of thrombocytopenia in secondary dengue virus infection.

Received August 22, 2007. Accepted for publication August 28, 2007.

Acknowledgments: We thank Aruturo Cabanban and Eumella Salva and other staff of San Lazaro Hospital, and the staff of the Research Biotechnology Division, St. Luke’s Medical Center.

Financial support: This study was supported by a Grant-in-Aid for Scientific Research (B: 16406029) from the Ministry of Education, Science and Culture, Japan and the 21st Century COE Program of Nagasaki University.

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administering intravenous immunoglobulin (IVIg) in treating adults with ITP. *Blood* 291: 484.


