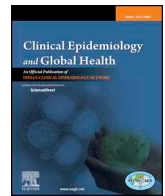




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Letter to the editor

Platelets and community acquired pneumonia

We have greatly enjoyed reading the recently published article by Jain et al.¹ In this prospective observational study, the authors included 152 children between 2–59 months admitted with severe pneumonia. This study revealed that cyanosis, severe acute malnutrition, platelet count < 0.7 lac/mm³ on admission predicted mortality in patients with community-acquired pneumonia (CAP).

Community-acquired pneumonia is one of the leading causes of hospitalization, in-hospital death and long-term mortality. The prevalence of thrombocytopenia at hospital admission ranged from 2% to 5% among consecutive adult CAP patients to 25% in CAP patients admitted at the intensive care units.² On the other hand, thrombocytosis on admission has been observed among 8–13% of CAP inpatients.² The presence of both thrombocytopenia and thrombocytosis at hospital admission was associated with poor short-term outcome in adult patients with CAP.² However, platelet count may vary significantly within several days or weeks. A decrease in platelet count over time is usually caused by reduced production, increased destruction, and/or sequestration of thrombocytes and a rapid rise in platelet count reflects increased platelet formation by megakaryocytes, indicating adequate compensatory response of bone marrow to various stimuli including infection and inflammation.³ Therefore, we think that Jain and colleagues should be evaluated not only the prognostic significance of low platelet counts but also the significance of increased platelet counts, mean platelet volume, and time-dependent platelet count changes in children with CAP.

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