Letters

To the Editors:

**Heat stroke in young adults: in reply**

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Profuse sweating resulting in net body sodium loss is common in heat cramps and heat exhaustion (1). Impaired sweating is a characteristic feature in patients with heat stroke and it predisposes them to hypernatraemia. However, sweating is particularly impaired in patients with classical heat stroke but often remains intact in patients with exertional heat stroke (1), which is the commonest type seen in our country.

Serum sodium can show a wide variation during the acute phase of heat stroke depending on the severity of dehydration and vomiting. In one study, serum sodium estimated during the acute phase varied from 96-167 mmol/l (2). Therefore, many have recommended the use of isotonic saline infusion during the initial resuscitation (1,3,4). The possibility of aggravating already existing hypernatraemia in some patients should be kept in mind and repeated serum electrolyte estimations should avoid this. 5% dextrose infusion is safe during the initial resuscitation and it can correct hypoglycaemia, which is seen in some patients. I thank Dr M M D Fonseka for his comments (5) on our leading article (6).

**References**


