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## Increased admissions and hospitalizations to pediatric burn center during COVID 19 pandemic



Dear Editor,

Since the COVID-19 epidemic began, our personal and professional lives significantly have altered [1]. During last 4 months, majority of children under 18 yrs-old population were under “stay at home” orders in Turkey.

The admission and hospitalization to our pediatric burn center are averages 600 and 350, respectively, per year with peak during the winter.

We have reviewed our burn workload between March 11 and June 11, 2020 during the period of COVID-19 pandemic and compared it to data of admissions and hospitalization from the same period of the previous years. We found the significant increasing in pediatric burn admissions and hospitalization by 52% and 60%, respectively. The average TBSA burned in hospitalized children increased dramatically from 49% TBSA burned during same period of previous years to 66% BSA burned during pandemic period. Also, it is not surprise for us the significant increasing rate of all kinds of burn injuries in children of all ages since “stay at home” orders. We have expected this rise and took our necessary precautions.

In conclusion, all kind of trauma except burns in children decreased during the first three months of pandemic and the increased admissions and hospitalizations of pediatric burns is going on, therefore all burn care staffs must be ready this situation with taking high preventive measures against COVID-19 [1,2].

### Conflict of interest

The author has no conflict of interest.

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## Universal classification system for platelet-rich plasma (PRP): A method to define the variables in PRP production



Dear Editor,

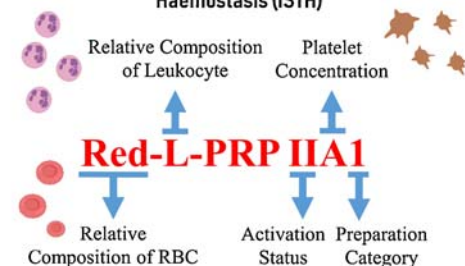
We read with great interest the recent article by Baptiste et al. in a recent issue of the journal [1]. We would like to compliment, and add our analysis of the platelet-rich plasma (PRP) used in the study, based on the most recent classification system of platelet concentrates [2]. The study mentioned above investigated the therapeutic potential of subcutaneous transfer of microfat alone or in combination with either PRP or with stromal vascular fraction in managing radiation-induced skin lesions in the mice model [1]. We would also like to appreciate the efforts taken by the authors to characterize and define the components used in the study, especially the PRP.

The PRP used in the study had a platelet concentration of  $724 \times 10^9/L$  with relative composition of 95.6%, 3.9%, and 0.5% for platelet, RBC, and WBC, respectively [1]. We further attempted to classify this PRP based on the most recent classification system proposed by the Platelet Physiology Subcommittee [Fig. 1] [2]. According to this classification, the PRP is neither leukocyte rich (Relative composition of leukocyte  $>1\%$  = leukocyte rich) nor red cell rich (Relative composition of RBC  $>10\%$  = red cell rich) and therefore can be called as pure platelet-rich plasma. It was used as such without any activation, and therefore, can be called non-activated PRP (Activation status = I—without activation, II—with activation, and III—frozen-thawed preparations). The PRP had a platelet concentration of  $724 \times 10^6/\mu l$ , therefore comes under the category A (Platelet concentration = A -  $<900 \times 10^3/\mu l$ , B -  $900-1700 \times 10^3/\mu l$ , and C -  $>1700 \times 10^3/\mu l$ ). Furthermore, the study used gravitational centrifugation technique for preparing the PRP (Preparation category = 1 - gravitational centrifugation technique, 2 - standard cell separators, and 3 - plateletpheresis). Considering all the aforementioned variables, the PRP used in the study can be

represented as “PRP IA1” according to the Platelet Physiology Subcommittee classification system.

PRP is an ideal therapeutic candidate that can be used to manage burn wounds due to its ability to stimulate dermal regeneration and accelerate re-epithelialization [3]. We would also like to point out that the analysis performed in this letter cannot be done in the previous studies published in this journal that evaluated the therapeutic use of PRP in burn wounds due to the lack of data on the PRP used [4–6]. Therefore, without a standard and universal classification system, we cannot compare the outcome of studies that evaluate the therapeutic potential of PRP in burn wounds. Hence, we recommend using the platelet concentrate classification system proposed by the Platelet Physiology Subcommittee of the International Society on Thrombosis and Haemostasis in future studies.

### Platelet-rich plasma Classification proposed by Platelet Physiology Subcommittee of the International Society on Thrombosis and Haemostasis (ISTH)



**Fig. 1** – The classification of PRP proposed by Platelet Physiology Subcommittee of the International Society on Thrombosis and Haemostasis.