

Idiocy should be considered. All the features may not be present as our patient did not have coagulation abnormalities, features of nephritis or abnormal lipid profile. From our case, it is evident that the child had autosplenectomy, whereas literature suggests congenital asplenia.

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Providing Medical Services Online to Children With Chronic Kidney Disease During the COVID-19 Pandemic

The coronavirus disease 19 (COVID-19) pandemic has thrown up unprecedented challenges for child care the world over [1-3]. In Kerala, government policy entails that children below 10 years are not allowed in public spaces. As government hospitals are handling the majority of COVID-19 cases, child-care areas and child-care professionals in these hospitals have been diverted to adult healthcare.

Thus, children with chronic kidney disease, who require regular follow-up, have been badly impacted. Being immunosuppressed, both due to the inherent nature of their disease, as well as their medications, they cannot attend regular outpatient services at the hospital. The pandemic has forced health professionals and patient-caregivers to find new ways to cope. Guidelines for the same have been published recently [4].

At our center, the follow-up clinic for pediatric renal disease was modified to adapt to the situation. Whatsapp was used to keep in touch with patients and caregivers. The social worker acted as liaison between caregivers and clinicians. Follow-up appointments were given as was usual in non-COVID times, acute problems were assessed via text- and voice-messages, and images, when necessary. Prescriptions were photographed and sent on Whatsapp, as were reports of laboratory investigations and recordings of weight, height and blood pressure. If face-to-face consultation was deemed necessary, it was fixed in the ward or the casualty, and duty resident informed, who also communicated findings via Whatsapp. This ensured that follow-up continued as regularly

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as in non-COVID times. We handled 633 visits during March-November, 2020 in this manner, as compared to 391 physical visits in whole of 2019.

Expensive or less easily procured drugs were made available using government schemes. This was not easy for children staying in other districts who needed to travel long distances to reach the hospital. In such cases, liaison was established with the Reproductive and Child Health (RCH) officer of those districts, or the doctors in peripheral rural hospitals, who went out of their way to make the drugs available locally.

Patient information material, as documents, pictures and videos were circulated, such as procedure for testing urine, balanced diet and exercise routines. A Google form was used to check compliance with drugs, immunization and life-style modifications.

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Psychiatric Problems Among Adolescents With HIV

We read the recently published article by Paliana, et al. [1] with interest. Authors deserve appreciation for conducting a study on this novel and sensitive topic. However, we would like to draw

attention towards following observations. Firstly, authors try to associate the CD4 count with depression, which is not part of the design and methodology of the study. Moreover, there are studies which paradoxically state better psychological status leads to high CD4 count [2,3]. Additionally, low prevalence of psychiatric illness in this study (12%) in comparison with most of the previous studies (up to 50%) [2,4,5], as described to be due to

lower stage of disease, could be of sampling error and data collection from non-heterogeneous population (predominantly stage 1). As per National Mental Health Survey 2016, prevalence of mental disorders in general population from urban area (aged 13-17 years) is 13.5% [6]. Lower prevalence of mental illness in index study compared to general population may not be taken as prerequisite to recommend a larger study. Most (88.1%) of cohort group had acquired HIV via vertical transmission suggesting long term illness; this might not substantiate author's explanation that adolescents were lacking in knowledge about their disease. Hence the low prevalence of the psychiatric illness cannot validate the above explanation. The index study is deducing partially informative data since the sample seems to be from very selected, population leading to questionable external validity. Hence, the study has doubtful implications, or minimal addition to existing knowledge.

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AUTHORS' REPLY

The design and methodology of the study included the association of psychiatric problems in adolescents with various clinical factors including stage of the disease, which can be related to the CD4 count of the patients. The lower incidence of psychological problems in patients with high CD4 counts was also seen in various other studies [1].

Recently, a systematic review on prevalence of mental health problems in adolescent has also been published [2]. Since the study cohort was limited to tertiary-care center and most of the children were on HAART, it was difficult to reduce the skewing of the data. Also larger studies are needed to emphasize the need to integrate mental health in the care of adolescents living with HIV.

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EXPERT COMMENTS

Pilonia, et al. [1] have reported their observations on prevalence of psychiatric disorders in 101 consecutively enrolled adolescent patients with HIV. What this study brings out is, that prevalence of psychiatric disorders is similar to what is observed in apparently healthy urban Indian adolescents [2]. A possible explanation for this finding is that all their subjects were on anti-retroviral therapy (ART), nearly 3/4th of them for over 3 years. Thus, not surprisingly, 92% of them were in WHO stage 1 of the disease. Further information like their CD4 counts, viral load, nutritional status, are not given in the data, but most adolescents in this situation are expected to be having a good CD4 count, suppressed viral loads and body mass index in normal range, thus contributing to their overall wellbeing. A more appropriate conclusion from the study would have been that with early initiation and continued ART, adolescents with HIV do not have higher prevalence of psychiatric disorders as compared to age-matched peers. Any conclusion beyond this—trying to look for impact of factors like WHO clinical stage, age, socio-economic status, HIV status disclosure etc, on occurrence of psychiatric illness in these subjects is not possible from the data provided, which is primarily descriptive in nature. Calculation of odds ratios would have helped gain this information.

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Position Paper on Kawasaki Disease in India: Pertinent issues

We read with interest the recently published IAP position paper on Kawasaki Disease (KD) [1]. We would like to highlight the

following issues that require further consideration.

Under laboratory investigations, it is noted that serum levels of NT-Pro-BNP (N-terminal Pro-brain natriuretic peptide) >225 pg/mL can assist in the diagnosis of KD (86.5% sensitivity and 94.8% specificity to suggest myocardial dysfunction). However, in the subsequent section, authors mention that cut off values for