the inability to take sufficient blood samples for the growth of bacteria in the blood culture, the possibility of growing bacteria is much lower in comparison to the older children and adults. Therefore, clinic sepsis constitutes an important healthcare-related infection group in the Neonatal and Premature clinics; however, it was excluded from the healthcare-related infection definition due to the new criteria. There is no age group-specific definition in the CDC criteria; only the definition of clinical sepsis was given for children under one year of age. Therefore, the study should not only be limited to the Premature Clinic, and we are of the opinion that it will be more beneficial if it is simultaneously carried out in the out of neonatal clinics and especially in the intensive care units and hematology clinics due to the long-term hospitalizations, immunosuppression and invasive procedures since they are seen more frequently in those services.

Another noticeable factor in the study was the fact that the number of bacteria in the catheter was quantitatively 3 times higher than old criteria and the requirement of at least 2 hours between the culture growth times (5). Regarding the method; even though the authors did not specify the microbiological culture methods, it was though that they performed a quantitative study. We are of the opinion that this issue should be mentioned in the discussion part, and obtaining blood culture and the microbiological culture methods should be specified.

The healthcare-related infections are still the most important causes of morbidity and mortality. Implementation of isolation methods, improving the level of education of the health personnel on this issue and increasing the antibiotic protection programs are crucially important with regards to minimizing the resistant infections and the healthcare-related infections. Regular and proper functioning of a surveillance system in a hospital and determining their own data by each individual hospital are important for the hospitals to anticipate the effects of a possible infection and thus, instructive in terms of the antibiotics to be selected in the empirical treatment.

In conclusion, the healthcare-related infections cause lengthened hospitalizations and related increase in the healthcare costs as well as an increase in morbidity and mortality. Although the definitions change, the important thing is to maintain the maximum hygiene conditions, isolation methods, to train the doctors and the non-medical personnel with regards to the nosocomial infections, and minimize the infection rates, and to implement the prevention and protection methods in every hospital through the cooperation of the members of Infection Control Committee.

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Herpes Zoster in Children and Adolescents: Is It a Problem?

Dear Editor,

I read the article titled “Herpes Zoster in Children and Adolescents: Is It a Problem?” by Kazancı et al. (1) with great interest. However, I am of the opinion that some points regarding the purpose of the article should be discussed.

Herpes zoster (HZ) is the secondary clinical form of VZV developing as a result of the reactivation of endogenous latent varicella-zoster virus (VZV) in the sensory ganglia. HZ is rare in children. It was reported in the previous studies that HZ was more commonly seen in children with cellular immune deficiency. However, it can also be seen in healthy children with a normal immune system.

Even if HZ can be seen in any time period following Primer infection (varicella), the incidence rates generally increase with age. The most important factor in this increase is the decrease in the specific VZV cell-mediated immunity with increasing age (2, 3). Numerous previous studies demonstrated that the most important factor in the development of HZ is the time of primer VZV infection. Having the primer VZV infection Primer in the early period of life VZV increases the risk of HZ development. Having the primer VZV infection in the first year of life during which both humoral and cellular immunity is immature is seen as a risk factor for the development of HZ (3). Furthermore, there are some case

studies suggesting that intrauterine VZN infections during pregnancy could also increase the risk for HZ development. Therefore, it is important to identify the times of primer infections especially in healthy children developing HZ and evaluate the children without primer infection history in terms of intrauterine infection.

Vaccination is the most effective way of prevention from VZV infections that have a high rate of infection. Through vaccination, both primer VZV infections and relatedly, HZ incidences will decrease as well. In a previous study, it was found that the HZ incidence in children vaccinated with varicella vaccine was noticeable lower than those without vaccination (4). While there is a dramatic decline in the varicella incidences in countries where varicella vaccines are administered, all attention has been focused on the HZ in VZV infections. Therefore, the national vaccination programs is the most important indicator for the future HZ incidence rates. In Turkey, varicella vaccination was included into the Childhood National Immunization Program in 2013.

In many studies in which acyclovir was administered for the treatment of herpes zoster, it was found that acyclovir was effective in the immunosuppressed and healthy children. However, starting the VZV activation within the first 72 hours is the most important factor in determining the effectivity of the treatment. Furthermore, it was found that the local antiviral practices in HZ treatments were ineffective and are not recommended (5).

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Serum Sodium Levels in Children with Lung Infections

Dear Editor,

Hyponatremia is a frequent incidence that can be encountered during the course of various diseases inclusive of pneumonias. However, although it is an laboratory test that is inexpensive and easily-evaluated, it has not been used as a marker for the clinical course and prognosis of lung diseases. Therefore, I am of the opinion that the research article titled “Serum Sodium Levels in Children with Lung Infections” written by Yılmaz et al. (1) published in the pages numbered 10 and 13 in the volume 10 of the first edition of your journal in 2016 is a remarkable article in terms of emphasizing the importance of hyponatremia.

It was demonstrated that hyponatremia, the most common electrolyte disorder in hospitalized patients, was the basic mechanism of non-osmotic secretion of ADH in pathogenesis (2-4). Normally, ADH is released in times of rising of blood osmolality and in the presence of hypovolemia. However, while effective volume is normal abnormal situations such as lung diseases, MSS diseases and tumors, it is possible that ADH is incompatible with mechanisms not related to non-osmose or baroreceptors. Another mechanism of hyponatremia in infections and MSS diseases is cerebral salt wasting (2). During the course of some diseases, hyponatremia may confront us with different mechanisms in the same patient. Therefore, the fact that hyponatremia that may seem like a simple electrolyte abnormality, but in fact is complex physiopathology made a contribution to the literature when it was examined and discussed with a large-scale study group in patients with lung infection in the study of Yılmaz et al. (1).

The most important shortcoming of the article is that fact that the urine sodium or osmolarity of the patients that were investigated retrospectively were not investigated. While the first step in the evaluation of hyponatremia in order to facilitate the differential diagnosis is osmolarity measurement, the following procedures comprise determining urine osmolarity or the levels of sodium. Measuring the density of urine sodium especially provides significant information in the differential diagnosis. It is found that while urine sodium is low in the dehydration-related hyponatremia (<15-20 mEq/L), inappropriate antidiuretic hormone release should be considered in cases when urine sodium is greater than 20 mEq/L and the patient is normovolemic (2).

Another important point in the article is that lung diseases were considered as a single group and the sodium levels were compared as pneumonia, bronchitis and bronchiolitis in different groups. Discussing the results by divid-