

Dear Editor,

We would like to thank you the interest of Dr. Sinan Oğuz and Dr. Nilden Tuygun in our study and your invaluable contributions.

Viral antibody (19.6%) was found in the stool of 638 out of the total of 3258 patients. It was found that rotavirus was positive in 590 (18.1%) and enteric adenovirus in 48 (1.5%) of these cases (1). Positive monthly and seasonal the number (n) and percentage (%) values of enteric infections are highlighted.

Many ways (fecal-oral, aerosol, etc.) of transmission of enteric diseases (2, 3), it is thought that the cause of their abundance in the region in the August may be associated with seasonal parameters. Specifying the source of rotavirus and taking the necessary measures against the ways of transmission proves to be significant. As a result of the availability of coastline appropriate for swimming and increased heat and humidity levels in the region in the summer months, people have greater chance of having contact with the sea in August. Parallel to this, it was thought that the level of marine pollution (the granting of waste water to the sea, etc.) changes might have triggered the rotavirus infections.

In our study, the frequency (17.24%) of cases with rotavirus antibody positivity in the summer months (27.43%), especially in August was established (1). These results make us think that the ways of transmission of rotavirus positivity may be different. The facts that seasonal parameters might be related with enteric infections were reported in many studies such as Çelik et al. and Barril et al. studies (4, 5). It is thought that the necessity of considering many parameters in a complex way in specifying the source of many enteric infections will be beneficial in the prevention of these infections.

In conclusion, specifying sources of contamination and taking the necessary measures can enable protection against the enteric infections most common in childhood.

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## The Role of Acyclovir in the Treatment of Herpes zoster Virus Infections in Immunocompromised Children

Dear Editor,

Varicella is usually a common infection in children that may have severe course in patients with immune deficiency and in adults and can cause serious complications. Although it is a self-limiting disease in individuals with strong immunity, in healthy children, complications such as, secondary bacterial infections, septic arthritis, osteomyelitis, pneumonia, hepatitis, acute cerebellar ataxia, encephalitis, meningitis, and bleeding may occur (1). Especially in patients who have malignant disease with suppressed immunity, viremia and life-threatening risk of viral spread are high (2). Due to the effects of chemotherapeutic agents used in patients with high hematologic malignancy and for the malignancy itself, cellular immunity is weakened. Therefore, patients with hematologic malignancy are risky patients in terms of viral infections and of the development of complications (1). For this reason, I am of the opinion that article titled 'The Role of Acyclovir in Treatment of Herpes Zoster Virus Infections in Immunocompromised Children' by Öcal Demir et al. (3)'s is a beneficial study.

Given the complications that developed following varicella complications in 64 healthy children in a study carried out between 2006 and 2010 by Külcü et al. (4), it was reported that the patients were hospitalized most frequently due to respiratory system involvement (pneumonia, bronchiolitis, parapneumonic effusion) 41.3%, bacterial skin infection 17.4%, neurological complications 15.9% (cerebellar ataxia, febrile convulsion, meningoencephalitis). It was also reported that the patients recovered with acyclovir and antibiotic treatments.

In their study in which Çelik et al. (5) investigated 72 patients with malignancy, it was found that 70% of the patients in the study developed Varicella Zoster infection-associated varicella and 30% herpes zoster. It was seen that 47% of the patients had hematologic malignancy (12%

AML, 86% ALL, 2% JMML ), 53% solid tumor (26% non-Hodgkin's disease, 24.5% central nervous system tumors, 26% neuroblastoma, 10.5% rhabdomyosarcoma, 2.6% osteosarcoma, 5.2% Burkett's lymphoma, 5.2% Wilms tumor). It was found that pneumonia developed as the complication of varicella in 24% of the patients and intravenous (IV) acyclovir treatment helped all the patients to heal.

Chen et al. (6), on the other hand, reported that in 12 children with ALL, 2 with lymphoma, 3 solid tumor who were followed up due to immune deficiency, liver failure, pneumonia, severe skin lesions and disseminated intravascular coagulation developed as the side effects of varicella; and the patients died despite the intravenous IV acyclovir treatment and intravenous immunoglobulin (IVIG) treatment.

As it was stated in these studies as well as the one by Öcal Demir et al. (3), IV acyclovir treatment has a great possibility of success in healthy and immunosuppressed children. Initiating the IV acyclovir treatment especially in patients with immunodeficiency as soon as the varicella infection is detected will be beneficial in preventing possibly serious complications, even mortality.

Varicella vaccine provides 85-90% protection against the disease in healthy children and prevents the development of the disease completely. However, as it is a live vaccine, its use in patients with ongoing active treatment with chemotherapy and neutropenia is contraindicated (7). Another important issue with the patient with immune deficiency is prophylaxis after the contact. For this condition, oral acyclovir and intramuscular varicella immunoglobulin (VZIG) can be used (8). When it is administered in the first 96 hours, VZIG proves to be effective; but due to its high costs and difficulty in its provision, it cannot always be administered in our country. The use of high dose IVIG after the contact is another alternative. In antiviral prophylaxis, on the other hand, oral acyclovir use is recommended. Usually after the bone transplantation, oral acyclovir is used in primary prophylaxis in the centers where chemotherapy is performed (9).

In conclusion, it should be remembered that early onset of IV acyclovir treatment in a possible varicella

infection in patients with immune deficiency can prevent the development of complications likely to extend as far as mortality.

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