1 deficiency 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 Pilania, 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