DIVYA SHARMA AND AVINASH SHARMA*
From Pediatric Clinical Immunology and Rheumatology, Department of Pediatrics, Dr Rajendra Prasad Government Medical College, Tanda, Kangra, Himachal Pradesh, India.
**avinash0776@gmail.com*

REFERENCES

1. Villegas L, Cahill AM, Meyers K. Pediatric renovascular hypertension: Manifestations and management. Indian Pediatr. 2020;57:443-51.
2. Louis R, Levy-Erez D, Cahill AM, Meyers KE. Imaging studies in pediatric fibromuscular dysplasia (FMD): A single-center experience. Pediatr Nephrol. 2018;33: 1593-99.
3. Singhal M, Singh S, Gupta P, Sharma A, Khandelwal N, Burns JC. Computed tomography coronary angiography for evaluation of children with Kawasaki disease. Curr Probl Diagn Radiol. 2018;47:238-44.
4. Rashed M, Banka P, Barthur A, *et al*. Effects of dose reduction on diag-nostic image quality of coronary computed tomography angiography in children using a third-generation dual-source computed tomography scanner. Am J Cardiol. 2018;122:1260-64.

AUTHORS' REPLY

Thank you for your interest in our review article [1]. The different imaging modalities were placed in the review to provide a comparison of the various tests and the associated risks. Although an MRA and CTA have been shown to have high sensitivity and specificity alongwith high quality images, renal artery stenosis can still be missed, specifically in patients with intra-renal arterial disease. The sensitivity and specificity of MRA is not as good in small children as it is in adults. This is the reason why DSA was selected for pediatric patients with a high pre-test probability of renovascular hypertension and patients with an associated genetic syndrome (see ***Web Table* 1** [1]). We reiterate that we should suggest DSA to confirm a diagnosis of RAS, given the small vasculature within the pediatric population and its ability to guide potential timely intervention.

LEONELA VILLEGAS
Department of Nephrology, Children's Hospital of Philadelphia Philadelphia, PA 19104, USA.
villegas@gmail.com

REFERENCES

1. Villegas L, Cahill AM, Meyers K. Pediatric renovascular hypertension: Manifestations and management. Indian Pediatr. 2020;57:443-51.

Vitamin D Deficiency: Definition Matters!

We read the recently published articles on vitamin D deficiency in the journal [1,2], and wish to raise certain related issues. We believe that the true burden of vitamin D deficiency/ insufficiency and its associations cannot be estimated unless a standard consensus definition is used. At least, for the studies having important public health implications, the adherence to the "consensus definitions" is desirable, as the prevalence of the problem varies with the definition used. The cut-offs used for defining deficiency/insufficiency by Singh, et al [1] are based on a decade-old study. Almost all the current guidelines state that vitamin D3 level <12 ng/ml should be considered deficient, 12-20 ng/mL as insufficient and >20 ng/mL as sufficient [3,4]. The nutrition-based studies have shown that a level of 20 ng/mL would meet the needs of 97.5% of the population [3,4]. Singh, *et al* [1] used a cutoff of 11-32 ng/mL for defining insufficiency, which includes many babies with sufficient levels [1]. Hence, their conclusions should be interpreted carefully. It would have been helpful if the results were shown as odds ratio (Odds of having neonatal sepsis in presence of vitamin D deficiency), and the dose relationship of vitamin D levels with sepsis could be presented. It will help in better risk-stratification and will have therapeutic implications too.

Conversely, the consensus definition of neonatal sepsis is lacking until now and the definitions that are currently used in various studies vary greatly [5]. This extreme degree of variability makes the interpretation difficult. In this study [1], the criteria used for defining various categories of neonatal sepsis are extremely confusing and differ greatly from the somewhat "agreeable definition" of neonatal sepsis. We acknowledge that this variability may be due to the lack of consensus on the best definition of neonatal sepsis.

Vitamin D deficiency is reported to be quite prevalent in India, and there is a recognized need for prophylactic supplementation during infancy. However, as highlighted by a recent survey [6], the practice of prescribing routine vitamin D supplementation varies greatly. Therefore, there is an urgent need for the researchers to use a single, scientific, and consensus-based definition for defining vitamin D deficiency, so that clear evidence-base is provided for guidelines on routine vitamin D supplementation in infancy.

ARUSHI YADAV[1] AND JOGENDER KUMAR[2]*
[1]Department of Radiodiagnosis, Government Medical College and Hospital; and
[2]Department of Pediatrics, PGIMER; Chandigarh, India.
**jogendrayadv@gmail.com.*

REFERENCES

1. Singh P, Chaudhari V. Association of early-onset sepsis and vitamin D deficiency in term neonates. Indian Pediatr. 2020;57:232-4.