


SARS-CoV-2 infection in children and the Turkish Archives of Pediatrics

Özgür Kasapçopur 

Department of Pediatric Rheumatology, İstanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine, İstanbul, Turkey

Humanity's fight against COVID-19, one of the biggest life threats it faces, continues unabated. Science is our most important asset and experience that will save us in this struggle. Science has been advancing humanity for centuries, bringing it to bright days. Scientists continue to work devotedly and with surprising speed to eliminate this danger that humanity has faced since the first days (1, 2). All the secrets of the SARS-CoV-2 factor, which we met about a year ago, have started to be unraveled one by one for today, and it is about to be completed. Drugs and treatment modalities that will cure the disease continue to come in succession (3, 4). Most important of all, vaccines, which can be effective in preventing disease and obtained by many different methods, are now in the service of humanity. I hope that the "great humanity" will get rid of this pandemic in a short time and will walk again to bright and illuminated days in the light of science and guidance (1, 2).

Since the first years of history, scientists all over the world have entered the process of producing knowledge and spreading real knowledge by putting forward their aims of being curious, being beneficial to humanity, advancing and offering people a better life with the feeling of knowing at the forefront. One of the most important points in this production is searching for the truth and sharing the found truth. At this point, it would be useful to remember the following words of the German writer Bertolt Brecht; *"If scientists confine themselves to gathering information for knowledge only, science will be crippled and discoveries will bring new troubles. You may discover everything to be discovered over time, but your progress will be inhuman. The gap between you and humanity may one day become so great that your enthusiasm for a new invention can be a universal cry of horror"* (1, 2).

We entered into a scientific research adventure since the first days we started to meet COVID-19, our knowledge was updated, changed, and developed rapidly. It was stated that in the days when the COVID-19 pandemic started, the disease in children was milder and did not create a severe clinical picture. These were the main views in the first published case series. Although there were no clear opinions about the reason for this, the lighter trend in children was tried to be based on the listed data. The children had less contact with the outside world, which may be a protective cause. ACE2 expression was different in children and was not developed. The latest speculative view was that as there were many more types and numbers of viruses in the respiratory mucosa of children compared to adults, these viruses prevented the spread of SARS-CoV2. However, although the disease was milder in children, a different special approach might have been required in pediatric cases, as the findings are atypical and play an important role in terms of carriage in the society. Approximately, 80% of the children had the disease without clinical signs. The remaining 15% had the disease with a mild fever. In the remaining 5%, it could not be predicted how the disease would continue due to the increase in contagiousness (3, 5, 6).

Indeed, after this assumption, it was reported that SARS-CoV-2 infection could create a picture similar to Kawasaki disease in children in the late period. Although this picture was initially called "Kawacovid", it was later evaluated as "Pediatric inflammatory multisystem syndromes (PIMS)" and then the disease was defined as "Multisystem inflammatory syn-

Corresponding Author:
Özgür Kasapçopur
✉ ozgurkc@istanbul.edu.tr
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drome in children (MIS-C)". This clinical picture was not compatible with any clinical picture that pediatricians have seen before. The common point of these children with MIS-C, which was only reported from Europe, America, and our country and not reported from Far Asia, was that they had a parent with COVID-19 infection. This was not a single picture, it was a combination of Kawasaki disease, toxic shock syndrome, macrophage activation syndrome, and sepsis. Consumption coagulopathy was aggravating the picture. MIS-C was a different clinical picture from Kawasaki disease. MIS- MIS-C mostly occurred in advanced age with gastrointestinal findings. Cardiac involvement was mostly in the form of myocarditis and coronary artery involvement was very rare. An aggressive approach was required in the treatment. All current approaches about MIS-C and information about the clinical outcome and vaccination of SARS-CoV-2 infection in children are included in this issue of our journal in detail (3, 5, 7).

Sharing created real knowledge with humanity requires great care. This time, we must create a common scientific method, a common perspective, a common real language as all science. The biggest task here belongs to academic journals. For this purpose, we will bring you "Turkish Archives of Pediatrics", one of the important Pediatrics journals of the scientific world, in a new format as of 2021. Our journal will now be at the service of humanity and the scientific world with its new format and new editorial boards. Our journal, which will be published every two months from now on, will include studies in all fields of pediatrics adhering to all scientific research ethics rules. All studies submitted to the Turkish Archives of Pediatrics will be rapidly passed through an effective and constructive "peer-review" process. The main purpose of our journal is to bring the

children of our country and the world together with the light of science. Until the SARS-CoV-2 infection disappears from our planet or is brought under control, pediatric studies on this subject will be emphasized and published with priority (1-3, 7).

As a result, humanity will emerge from these difficult days with the help of scientific journals that exist to share science, scientific research, and real knowledge. It will reach the beautiful bright days again. We, as the new editorial board of TURKISH ARCHIVES of PEDIATRICS, are aware of this fact and we warmly welcome 2021 with adherence to ethical rules.

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