Correspondence on: "Demographic and clinical features of pediatric vasculitis: a single-center study."

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Dear Editor,

We have ardently reviewed the article by Trindade TS *et al*, *titled "Demographic and clinical features of pediatric vasculitis: a single-center study"*[1]. The paper was brief yet beautifully articulated, and we appreciate the author for delivering an outstanding work that enriched our understanding.

Although we agree with the article's results and conclusion that each particular vasculitis examined displays distinct primary symptoms, common signs, and symptoms overlap across various vasculitides. Yet, we must acknowledge some additional points in this article that could contribute to reinforcing the validity of the study's conclusions.

Firstly, the article's reliance on a single-center study design raises concerns about its potentially limited external applicability. Such studies typically involve smaller sample sizes due to the restriction of recruiting participants from just one location, which can increase the risk of confounding variables influencing the outcomes[2]. Additionally, single-center studies may need more diversity, selection bias, and reduced expertise, leading to diminished statistical power for the study's findings. Secondly, it is essential to note that the study's sample size was relatively small, consisting of only 138 participants. This limited number of participants might compromise the reliability of the results and make it challenging to generalize the findings to a larger population. In a research conducted by J Int Med Res, they examined 1896 pediatric patients, signifying a substantial number of participants[3]. If the sample size had been even larger, the outcomes might have yielded a more all-encompassing insight into the studied population. This would have facilitated more dependable statistical interpretations and extended the applicability of the findings to a broader group. Lastly, there was no data regarding anti-TNF alpha agents for treating Takayasu arteritis, immunosuppressants, and radiation therapy for treating polyarteritis nodosa. These therapy options were considered in a study by Morishita[4]. As a result, these therapy options have the potential to enhance the prognosis for individuals with Takayasu arteritis and polyarteritis nodosa.

In conclusion, our letter to the editor highlights the importance of ongoing research and awareness in the field of pediatric vasculitis. We encourage continued dialogue and investigations to improve outcomes for affected children.

References

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