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EDİTÖRE MEKTUP
LETTER TO THE EDITOR

Hyponatremia prolongs hospital stay in patients with community-acquired pneumonia

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Dear Editor,

We read with interest the article entitled “Hyponatremia prolongs hospital stay and hypernatremia better predicts mortality than hyponatremia in hospitalized patients with community-acquired pneumonia” by Tokgöz Akyl F, et al. (Tuberk Toraks 2019;67:239-247) (1). We were particularly interested in hyponatremia and prolonged hospital stay in patients with community-acquired pneumonia, so we would like to discuss four issues. First, please let us know when the baseline sodium levels in this study were measured, for example, at first visit, at the time of hospitalization, or at the time of initiation of antibiotics. We would like to know whether we should evaluate a single measurement or multiple measurements of serum sodium in this type of research. Second, the authors described that the kidney and thirst center of the hypothalamus play the major role in sodium regulation (1). In addition to this, the authors also indicated malignancies and infections as causes of hyponatremia. How was hyponatremia related to poor oral intake and nutritional status? As shown in Table 1, patients with hyponatremia also have low serum levels of albumin (1). Taking these information into consideration, was there a relationship between poor oral intake and hyponatremia? Third, the authors described that the most frequent co-morbidities to hyponatremia were chronic obstructive pulmonary disease or asthma (1). What was the relationship between hyponatremia and these diseases? There are many patients with COPD with low body mass index (BMI) and who have flail or sar-

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copenia (2,3). Were there associations with low BMI, malnutrition or sarcopenia in patients with COPD? Also, the authors wrote that there were 79 patients with congestive heart failure (1). Please let us know whether there was any relationship between hyponatremia and diuretics in these patients. Fourth, in the conclusion part, the authors state that appropriate treatment should be given in dysnatremia with closer medical examination. We do appreciate letting us know whether dysnatremia easily improved with appropriate treatment.

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