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Letter to the Editor

# Comment on: "Low bone mineral density in rare metabolic disorders: data from a Turkish cohort of patients with glycogen storage disorders and organic acidemias"

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Dear Editor,

In the most recent issue of Trends in Pediatrics, Akin and Goksoy[1] used dual-energy X-ray absorptiometry (DEXA) to assess bone mineral density (BMD) in Turkish pediatric patients with rare metabolic disorders of organic acidemias (OA) and glycogen storage diseases (GSD). They found low BMD in the studied OA and GSD populations and observed that these populations were affected by certain modifiable determinants, such as vitamin D status and dietary calcium intake. Akin and Goksoy[1] thankfully highlighted numerous valuable limitations of the study. We herein introduce another valued one. Notwithstanding, monitoring bone health status using BMD by DEXA requires reference to BMD reference values (BMDRVs). Age, sex, weight, and ethnicity are among the many determinants that control BMDRVs[2], and BMDRVs have been introduced for certain pediatric populations based on these determinants.[3-5] Türkiye is among forerunner countries that formulated local pediatric BMDRVs in 2006 to help practicing pediatricians and endocrinologists monitor bone health integrity in pediatric Turkish population, especially among those with chronic illnesses.[6] Akin and Goksoy[1] in the study methodology unexpectedly referred to a foreign standard (2019 ISCD Official Position)[7] rather than a local one[6] in evaluating BMD in the study population. As a result, the study's findings might be halted, and consequently, their clinical applicability could be additionally jeopardized by the aforementioned limitation.

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## Conflict of interest

The authors declare that there is no conflict of interest.

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