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**Table 1 – Description of five Persian love poems ending with self-immolation.**

Name of Poem	Name of Poet	Origin	Lover type of death	BelovedType of death
"Love Letter"	Hassan Dehlavi	Indian	Self-immolation	Natural
"Jam and Gol"	Ahlishirazi	Persian	Natural	Self-immolation
"Candle and Butterfly"	Ahlishirazi	Persian	Self-immolation	Natural
"Burning and Melting"	Khaboshani	Indian	Natural	Self-immolation
"Ratan and Padam"	Bazmi Dehlavi	Indian	Natural	Self-immolation

In all five of these poems lovers show their loyalty to each other through self-immolation, reflecting the special place for this act found in Persian love poems. Love poems are influential in any culture and may have lasting effects on the relationships of the people who are exposed to them. As a result, efforts to prevent self-immolation along the geographical belt of self-immolation must consider sensitive cultural issues such as this [3–5].

### Conflict of Interest

I confirm that there is no conflict-of-interest.

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## Burns and pregnancy during the COVID-19 pandemic



To the Editor,

The management of burn patients, especially pregnant women with burns, is very challenging due to their high susceptibility to infection and possible complications [1–13]. Women of reproductive age are often seen in burn centers in low- and middle-income countries. Burn management in pregnant women requires special considerations. Hence, thermal injury can be fatal for both mother and fetus. Although burn management in burn patients has improved, especially in low-income countries, the mortality rate for pregnant women with burns and their fetuses remains high. Some clinical obstacles that make burns in pregnant women special compared to other burns include complications such as hypovolemia, cardiovascular instability, respiratory distress, sepsis, renal and liver failure, and inadequate maternal resuscitation, which may lead to long-term fetal hypoxia [14].

On the other hand, the emergence and spread of the COVID-19 pandemic as an infectious and highly contagious

disease [15–20], has caused severe concerns in high-risk populations such as pregnant women with burns [14,21]. Therefore, great effort should be made to minimize contamination in burn wards. In addition, special supervision should be given to surgeries in patients, including pregnant women, during the COVID-19 pandemic due to the high rate of infection and high mortality in this high-risk population [21]. Hence, a study [22] showed that the risk of severe pneumonia in pregnant women with COVID-19 can reach 8%. In addition, COVID-19 in pregnant women can lead to an increased risk of obstetric complications such as preterm labor, premature rupture of membranes, preeclampsia, and cesarean section [21]. However, there is no universal standard protocol for the prevention, control, and treatment of COVID-19 in pregnant women. In a study [23], it is recommended that patients' movement to the operating room should be as fast as possible and there should be a pre-defined direct route to minimize the possibility of infection.

During the COVID-19 pandemic, pregnant women with burns can be at increased risk of morbidity and mortality. Hence, different countries formulated different measures including the exclusion of burn care and change in surgical priorities to deal with this pandemic [3]. Obviously, SARS-COV-2 can lead to increased morbidity and mortality in burn patients, especially pregnant women with burns [21]. A study showed [21] that the room of pregnant women with burns should have negative pressure, intensive monitoring devices, and mechanical ventilation. Also, they showed that each room can be considered as a recovery room and delivery section for each woman. In addition, the required equipment such as a neonatal coat, portable neonatal incubator, cardiocography machine, endotracheal tubes, bulb suction, baby stopcock, masks, nasal cannula, cord clamp, umbilical vein catheter, the required medications, instrumental delivery devices, ultrasound, and all other neonate resuscitation devices should be provided for vaginal delivery and cesarean section in the rooms.

Overall, health managers and policymakers should pay special attention to pregnant women with burns during the COVID-19 pandemic. Because in addition to the mother's condition, the fetus's condition is essential. Development of standard care protocols for treating pregnant women with burns and preparing necessary facilities including recovery room, essential equipment for vaginal delivery, incubator, and personal protective equipment in burn departments can be from the suggested and effective strategies to manage pregnant women with burns during the COVID-19 pandemic. However, there is no adequate evidence about the prevention, control, and treatment of pregnant women with burns during the COVID-19 pandemic. Therefore, it is suggested that researchers pay special attention to the effects of the COVID-19 pandemic on pregnant women with burns in future studies.

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## Radiation burns and fertility: a negative correlation



To the Editor,

Burn is one of the most destructive injuries, which is known as a threat to human life and a serious crisis in global health [1,2]. Management of patients with severe burns is very challenging due to the high susceptibility to infection that requires long-term care [3–11]. While radiation burns can mainly be caused by radioisotopes used in industry, incidences like the explosion of a nuclear reactor (Chernobyl), nuclear weapons (Nagasaki and Hiroshima), or a terrorist attack may increase the risk of radioactive burns. Ionizing radiation causes thermal burns, acute radiation syndromes with pancytopenia, and delayed skin symptoms, which injuries depth is correlated to the received dose [12]. The source of these radioactive waves can be various substances such as cobalt-60 and gallium-67 in cancer radiotherapy, cesium-137, or iridium-192 [13]. Depending on the quiddity and wavelength of radioactive, burn injuries to the skin, and underlying tissues can vary. For example, neutron particles from nuclear fission destroy the host tissue, cause ionization

of local particles and produce radio waves in the host tissue [14]. Also, the pathological effects of irradiated tissue are classified as random and definite. While a random effect is the primary concern of carcinogenicity, definitive or non-random effects in an organ resulting from radiation-induced damage such as inactivation or destruction to sensitivity cells include rapidly dividing or high metabolic activity cells. Organ dysfunction is observed when the inactivation or destruction of essential cells by ionizing radiation occurs [15].

The testis is a radiation-sensitive organ that consists of spermatogenic cell lines such as spermatogonia, spermatids, and spermatocytes [16]. The high radioactive doses lead to complications such as inflammation, tissue necrosis, and even mechanical burning. These complications of radioactive exposure were seen in the victims of the Nagasaki and Hiroshima nuclear attacks [17]. In addition, the testes contain different types of germ cells that are significantly different in terms of radioactive sensitivity according to their reproductive activity. Moreover, the radioactive-related mutation that occurs in germ cells'