#### **Clinical manifestations of covid-19 in children**

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#### Introduction

- At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia in Wuhan, a city in the Hubei province of China
- It rapidly spread from China to other parts of the world

In February 2020,the WHO designated the disease, COVID-19

 On March 11,2020, the WHO declared covid-19 a pandemic

- Children appear to be affected less commonly than adults
- I to 8 percent of laboratory-confirmed cases
- Most cases in children result from household exposures
- As the age is increased, the rate of affected children is increased too, except 1 month – 1 year
- underlying disease and age < 5 year rate of hospitalization</li>
- In a survey on 5,188 children age 0-9 years, and 12,689 children age 10-19 years through May 2020:

Among children 0 – 9 years: fever , cough or shortness of breath: 63 %

• Fever	46%
• Cough	37%
Headache	15 %
• Diarrhea	14%
<ul> <li>Sore Throat</li> </ul>	13%
Rhinorrhea	13%
• Myalgia	10%
<ul> <li>Nausea, vomiting</li> </ul>	10%
<ul> <li>Shortness of breath</li> </ul>	7%
<ul> <li>Abdominal pain</li> </ul>	7%
<ul> <li>Loss of smell or taste</li> </ul>	1%

#### **Clinical manifestations...**

- Among children 10 19 years : fever , cough or shortness of breath : 60%
- Headache 42% Cough 41% • Fever 35%  $\bullet$ Myalgia 30%  $\bullet$  Sore Throat 29% Shortness of breath 16% • Diarrhea 14% • Loss of smell or taste 10% Nausea, vomiting 10% Rhinorrhea 10%  $\bullet$ Abdominal pain 8%  $\bullet$

- In April of 2020, reports from UK documented a presentation in children similar to incomplete Kawasaki disease or toxic shock syndrome
- The condition has been termed Multisystem Inflammatory Syndrome in children (MIS-C)
- Incidence : 2 per 100,000

#### MIS-C, WHO

- Children and adolesents 0-19 years of age with fever  $\geq$  3 days AND two of the following :
- 1. Rash or bilateral nonpurulent conjunctivitis or muco – cutaneous inflammation signs (oral, hands or feet)
- 2. Hypotension or shock
- 3. Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated troponin/NT- pro-BNP)

- 4. Evidence of coagulopathy( by PT, PTT, elevated D-dimer)
- Acute gastrointestinal problems (diarrhea, vomiting or abdominal pain)
   AND
- Elevated markers of inflammation such as ESR , C-Reactive Protein or procalcitonin AND
- No other obvious microbial cause of inflammation, including bacterial sepsis , staphylococcal shock syndrome AND
- Evidence of covid-19 (RT- PCR , antigen test or serology positive) or likely contact with patients with covid-19

#### Pediatric COVID patients in Ahvaz

- Since Esfand 1398, 1055 suspicious cases of COVID-19 were referred to Ahvaz Aboozar Children's Medical Center. Of them, 197 cases were documented (positive PCR for SARS-CoV-2), and 177 probable cases.
- From farvardin 1399 15 mordad 1399, totally 164 documented cases of COVID-19 were admitted in our hospital (92 males [56%], and 72 female [44%])

#### Age: from 2 days to 6 years. Median: 48 (12 – 96) months(4 years)

- Positive history of contact with suspicious case =17, mostly with familial members.
- History of contact with documented case =32
- Without any contact = 115.
- Drug history:

5 cases corticosteroids and

14 cases immunosuppressant drugs

#### **Underlying Diseases(39)**

•	Malignancy	13
•	<b>Bronchial Asthma</b>	6
•	Chronic renal disease	6
•	Immune deficiency	4
•	Cardiovascular diseases	3
•	DM	2
•	Metabolic disorders	1
•	<b>Cerebral Palsy</b>	1
•	Hypothyroidism	1
•	CF	1
•	FIN	1

#### **SYMTOTOMS**

Symptoms	number	percent
Fever	108	66
Cough	76	46
Nausea, vomiting	55	33.5
<b>Respiratory difficulty</b>	42	25.5
Coryza	22	13.5
Anorexia	19	11.5
Diarrhea	15	9
Abdominal pain	14	8.5
Body pain	6	3.5
Convulsion	5	3
Headache	5	3
Skin rashes	4	2.5
Decreased level of consciousness	3	2



signs	number	percent
Fever	27	16.5
Rales + crackles	18	11
Retraction	11	7
Wheezing	11	7
Cyanosis	4	2.5
Grunting	3	2
Petechiae	1	1

<b>Positive CXR = 79</b>		
– GGO	42	
– CON	7	
– PE	4	
– Others	23	

# Positive C-T Scan =76 - GGO 46 - CON 15 - PE 4 - Sub NOD 3 - Others 12

### Prognosis

- Severity
- mild 34
- Moderate
- Sever
- Critical

69 24 3

- Mortality: 7(4.2%)
- 1 Immune Deficiency
- -1 Chronic Renal Disease
- -1 Congenital Heart Disease

## Laboratory fundings

- WBC : 7950 ( 5400 12400)
- PMN : 60% ( 40% 78% )
- ALC: 2560 (1331 4422)
- Hb:11(10-13)
- PLT : 266000 ( 174000 345000)
- ESR: 17 (8-34) mm



## Laboratory fundings PT: 11 (10-16)

- **PTT** : 28 ( 26 32 )
- **D-dimer :** 480 ( 322 1141 )
- ALT: 19 (13-40) U
- AST: 25 (18-37) U
- CPK: 85 ( 56 143 ) U
- LDH : 530 ( 429 714)

Since Farvardin 1399, 86 patients labeled as MIS-C. From Them, 24 had criteria of MIS-C , 11 had positive PCR for SARS –COV-2, and 10 had positive lung findings in CT or CXR

• Form 44 cases, 26 cases were males , and 18 females

 Age distribution = 16 - 156 months median = 72 months (6years)[50-100]

#### **Clinical manifestations**

manifestatus	number	percent
Fever	34	77
Skin rashes	30	68
conjunctivitis	29	65
GI Symtoms	24	54
Oral changes	19	43
Extremities changes	11	25
Neurological findings	9	21
Lymphadenopathy	5	11
Hypotension	4	9

#### **Laboratory findings**

- WBC :
- ALC :
- **PLT** :
- **ESR** :
- LDH :

8950(7125 - 11600) 856(721 - 12) 137000(115500 - 2550000) 46(25 - 65) 563(463 - 701)



#### **Laboratory fundings...**

- CPK:
- Ferritin :
- Fibrinigen :
- d-Dimer :
- **PT** :
- **PTT** :
- **TG** :

65(35-93)316(252-679)403(323-470)1996(1050 - 3326)13(11-15)32(27-36)218(148-284)

- CT scan showed positive findings in 11 cases
- Echocardiography was positive in 27 cases

- Mild MR 15
- Moderate MR
- Mild MI
- MVP

15 2 2



#### • Mild TR 14 • AR 1 LMCA ectasia 5 • **R**CA ectasia 3 Mild LV dysfunction 9 Myocarditis 2 • **PE** 1

#### Treatment

3

- IVIG 32
- Corticosteroid 30
   (7 cases pulse methyl prednisolone)
- ASA 25
- Dipyridamole