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RESEARCH ARTICLE

COVID-19 INFECTION IN CHILDREN: A CASE SERIES

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ABSTRACT

The COVID-19 pandemic outbreak has affected the global health system with an urgent need for more sophisticated studies. The global data showed that the proportion of children among the total number of COVID-19 affected patients was small and most children developed mild illness. A case series of patients confirmed with RT-PCR nasopharyngeal sampling and typical clinical features were assessed. All our patients did not have any underlying disease and were discharged after recovery from the disease. These patients were aged 1 month-15 years old. COVID-19 affects pediatric population while the outcome might be better if there is no underlying condition. Young infants and those with comorbidity were found to be at risk of severe illness.

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INTRODUCTION

We present a case series of coronavirus disease 2019 (COVID-19) admitted to the MES Medical College, Perinthalmanna. The youngest was 1 month old and the oldest one was 12. All children had at least one family member infected with COVID-19. Two patients had leukopenia and lymphopenia. The virus that cause COVID-19 is SARS-CoV-2. The virus RNA detected by RT-PCR test in all the patients. Elevated C-reactive protein (CRP) and erythrocyte sedimentation rate were detected in all patients. Antiviral and other supportive measures were administered. All patients were discharged within 7 days after admission with stable general and medical conditions.

CASE 1

One-month old boy without any detected underlying disease presented with fever and cough. CXR patchy infiltrates on right upper lobe.

The blood investigation showed WBC count 18000/ μ L (lymphocytes: 30%); Hemoglobin concentration: 14 g/dL and platelet count: 240000 cells/mL. Treated with antiviral and other supportive measures. The patient did not experience severe respiratory distress mandating mechanical ventilation and was discharged in eight days with good general condition.

CASE 2

This was a 5-year-old boy without any detected underlying disease presented with fever and loose stools. CXR done showed heterogeneous patchy infiltrates. The blood investigations showed neutrophilic lymphocytosis with thrombocytosis, Hemoglobin concentration: 13 g/dL. Treated with antiviral and other supportive measures. This patient was also discharged in 7 days with stable clinical conditions.

CASE 3

This was an 8 years old boy without any detected underlying disease.

His clinical signs and symptoms included fever and nonproductive cough. CXR and chest CT scanning demonstrated sub-pleural ground glass opacities. The blood investigations done showed normal total count with neutrophilic predominance with positive sepsis screen (CRP-25); Hemoglobin concentration: 14 g/dL and platelet count: 207000 cells/mL. Treated with antiviral and other supportive measures. The patient did not experience severe respiratory distress and was discharged in eight days with good general condition.

CASE 4

This was a 15 years old boy without any detected underlying disease presented with fever and myalgia. CXR and chest CT scanning showed sub-pleural ground glass opacities. The blood investigations done showed normal total count with lymphocytic predominance and positive CRP (20); Hemoglobin concentration: 13 g/dL and platelet count: 25000 cells/mL. Treated with antiviral, antibiotics and other supportive measures. This patient was also discharged in 7 days with stable clinical conditions.

DISCUSSION

Our experience with these patients showed that COVID-19 could affect children; and the outcome seems to be good. In an approach similar to adult patients, pediatric patients need supportive care with a special focus on the respiratory maneuvers.

Again, similar to adult population, imaging studies and RT-PCR test from nasopharyngeal samples remains the most important confirming tests for any clinical suspicious patient². We followed up all the cases, there was no case fatality rate or mortality rate in pediatric population seen in our hospital. In addition, male predominance was seen in our study.

Conclusion

COVID-19 in children poses challenges different from adults. Although the number of infected children and severity of illness are expected to be low. Young infants and those with comorbidity were found to be at risk of severe illness.

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