



Predominant Non-Pulmonary Manifestations in Childhood COVID-19: Experience of a Pediatric Primary Care during the Pandemic

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Importance

Descriptions of the Coronavirus Disease 2019 (COVID-19) experience in a general pediatrics practice will help to inform early prediction and isolation during the pandemic.

Objective

To describe the triage, clinical, and laboratory features of patients with COVID-19 who visited a pediatric outpatient and to compare these parameters between patients who tested positive with other published information.

Design, Setting, and Participants

This retrospective review of electronic medical records from American Mission Hospital, a secondary care hospital in Manama, kingdom of Bahrain, included children (≤ 14 years) who were triaged based on an objective visual triage tool devised by Ministry of Health Bahrain for suspicion of COVID-19 between June 01st to November 15th, 2020, and had positive results for RT PCR for COVID-19.

Triage

Visual triage score is an objective numerical score with collective clinical and suggestive historical information of travel or contact [1].

Confirmatory Test

Detection of SARS-CoV-2 from a nasopharyngeal specimen using a reverse transcription-polymerase chain reaction assay done in dedicated COVID center affiliated to ministry of Health Bahrain.

Main Outcomes and Measures

Clinical pattern of outpatient COVID-19 encounters mainly to inform unusual patterns.

Results

We had 380 patients who scored 4 or above in visual triage score in the study period. Eleven amongst them tested positive for RT-PCR. The age ranged between 2 months to 11 years male (6) female (5) the elements of triage in the positive patients included: Fever of duration 2 to 3 days (11), upper respiratory illness (5), Vomiting (2), history of contact in family (2), while contact in the residential complex (1), and no one had travel history. None of our patients had Shortness of breath or hypoxia. We did not have information about Lymphopenia or increased inflammatory markers as most did not require to be investigated and (2) who were investigated did not demonstrate any pattern.

Amongst the Unusual Presentations

One 5 yr old girl child presented like croup to pediatric emergency with sudden onset barking laryngeal cough and mild respiratory distress with fever and responded to epinephrine nebulization and dexamethasone and subsequently tested positive by RT-PCR. The child was otherwise stable and managed at home [1].

One 2 month old baby presented as a febrile infant requiring investigations to rule out occult bacteremia, with mild feeding disturbance, sepsis evaluation returned negative and baby after initial

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supportive hydration and parenteral antibiotic was referred for RT-PCR COVID evaluation which turned positive, and was also managed at home and quarantined along with mother [2-4].

Four patients who had a course of illness and management like COVID related illness tested negative to RT-PCR, which included a 2 years old with febrile illness without focus but high inflammatory markers, responded dramatically with occult sepsis outpatient management [5].

One 10 years old boy post-COVID positive presented as an appendicitis mimic, eventually progressed to be COVID myocarditis and recovered after a stormy course in PICU [5], while a 7 years old girl presented as fever with gastroenteritis after 1 month of mild asymptomatic COVID, and progressed to be MISC with myocarditis and cardiogenic shock and recovered after intensive management in PICU [5] and another 1 year old boy with persistent or recurring fever and diarrhea over 2 weeks repeatedly tested negative for RT-PCR, eventually was managed as atypical KD and recovered [5,6].

Two babies born in our facility to mothers who tested positive to COVID-19 were transferred as mother-baby dyad to dedicated Centre and were asymptomatic [4].

Conclusion and Relevance

In this study of children with COVID-19, the disease had majorly non pulmonary manifestations and some unusual pattern of illness.

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