Boletín de Alerta Bibliográfica

COVID-19
Unidad de Desarrollo de la Investigación, Tecnologías y Docencia
The different clinical characteristics of coronavirus disease cases between children and their families in China – the character of children with COVID-19

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Emerging Microbes & Infections
Published online: 25 Mar 2020

https://doi.org/10.1080/22221751.2020.1744483

This study aims to analyze the different clinical characteristics between children and their families infected with severe acute respiratory syndrome coronavirus 2. Clinical data from nine children and their 14 families were collected, including general status, clinical, laboratory test, and imaging characteristics. All the children were detected positive result after their families onset. Three children had fever (22.2%) or cough (11.2%) symptoms and six (66.7%) children had no symptom. Among the 14 adult patients, the major symptoms included fever (57.1%), cough (35.7%), chest tightness/pain (21.4%), fatigue (21.4%) and sore throat (7.1%). Nearly 70% of the patients had normal (71.4%) or decreased (28.6%) white blood cell counts, and 50% (7/14) had lymphocytopenia. There were 10 adults (71.4%) showed abnormal imaging. The main manifestations were pulmonary consolidation (70%), nodular shadow (50%), and ground glass opacity (50%). Five discharged children were admitted again because their stool showed positive result in SARS-CoV-2 PCR. COVID-19 in children is mainly caused by family transmission, and their symptoms are mild and prognosis is better than adult. However, their PCR result in stool showed longer time than their families. Because of the mild or asymptomatic clinical process, it is difficult to recognize early for pediatrician and public health staff.
Clinical and CT features in pediatric patients with COVID-19 infection: Different points from adults

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Pediatr Pulmonol. 2020 May;55(5):1169-1174
First published:05 March 2020

https://doi.org/10.1002/ppul.24718

Purpose: To discuss the different characteristics of clinical, laboratory, and chest computed tomography (CT) in pediatric patients from adults with 2019 novel coronavirus (COVID-19) infection.

Methods: The clinical, laboratory, and chest CT features of 20 pediatric inpatients with COVID-19 infection confirmed by pharyngeal swab COVID-19 nucleic acid test were retrospectively analyzed during 23 January and 8 February 2020. The clinical and laboratory information was obtained from inpatient records. All the patients were undergone chest CT in our hospital.

Results: Thirteen pediatric patients (13/20, 65%) had an identified history of close contact with COVID-19 diagnosed family members. Fever (12/20, 60%) and cough (13/20, 65%) were the most common symptoms. For laboratory findings, procalcitonin elevation (16/20, 80%) should be pay attention to, which is not common in adults. Coinfection (8/20, 40%) is common in pediatric patients. A total of 6 patients presented with unilateral pulmonary lesions (6/20, 30%), 10 with bilateral pulmonary lesions (10/20, 50%), and 4 cases showed no abnormality on chest CT (4/20, 20%). Consolidation with surrounding halo sign was observed in 10 patients (10/20, 50%), ground-glass opacities were observed in 12 patients (12/20, 60%), fine mesh shadow was observed in 4 patients (4/20, 20%), and tiny nodules were observed in 3 patients (3/20, 15%).

Conclusion: Procalcitonin elevation and consolidation with surrounding halo sign were common in pediatric patients which were different from adults. It is suggested that underlying coinfection may be more common in pediatrics, and the consolidation with surrounding halo sign which is considered as a typical sign in pediatric patients.
CT features of novel coronavirus pneumonia (COVID-19) in children

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European Radiology
Published: 14 April 2020

https://doi.org/10.1007/s00330-020-06860-3

A serious epidemic of COVID-19 broke out in Wuhan, Hubei Province, China, and spread to other Chinese cities and several countries now. As the majority of patients infected with COVID-19 had chest CT abnormality, chest CT has become an important tool for early diagnosis of COVID-19 and monitoring disease progression. There is growing evidence that children are also susceptible to COVID-19 and have atypical presentations compared with adults. This review is mainly about the differences in clinical symptom spectrum, diagnosis of COVID-19, and CT imaging findings between adults and children, while highlighting the value of radiology in prevention and control of COVID-19 in pediatric patients.

TEXTO COMPLETO
Pediatric Airway Management in COVID-19 patients - Consensus Guidelines from the Society for Pediatric Anesthesia's Pediatric Difficult Intubation Collaborative and the Canadian Pediatric Anesthesia Society

Matava et al.

Anesthesia & Analgesia: April 13, 2020

https://doi.org/10.1213/ANE.0000000000004872

The severe acute respiratory syndrome coronavirus 2 (COVID-19) pandemic has challenged medical systems and clinicians globally to unforeseen levels. COVID-19's rapid spread has forced clinicians to care for patients with a highly contagious disease without evidence-based guidelines. Using a virtual modified nominal group technique, the Pediatric Difficult Intubation Collaborative (PeDI-C), which currently includes 35 hospitals from six countries, generated consensus guidelines on airway management in pediatric anesthesia based on expert opinion and early data about the disease. The PeDI-C identified overarching goals during care, including minimizing aerosolized respiratory secretions, minimizing the number of clinicians in contact with a patient, and recognizing that undiagnosed asymptomatic patients may shed the virus and infect healthcare workers. Recommendations include administering anxiolytic medications, intravenous anesthetic inductions, tracheal intubation using video laryngoscopes and cuffed tracheal tubes, use of in-line suction catheters, and modifying workflow to recover patients from anesthesia in the operating room. Importantly, the PeDI-C recommends that anesthesiologists consider using appropriate personal protective equipment when performing aerosol-generating medical procedures in asymptomatic children, in addition to known or suspected children with COVID-19. Airway procedures should be done in negative pressure rooms when available. Adequate time should be allowed for operating room cleaning and air filtration between surgical cases. Research using rigorous study designs is urgently needed to inform safe practices during the COVID-19 pandemic. Until further information is available, the PeDI-C advises that clinicians consider these guidelines to enhance the safety of health care workers during airway management when performing aerosol-generating medical procedures. These guidelines have been endorsed by the Society for Pediatric Anesthesia and the Canadian Pediatric Anesthesia Society.
Caracterización de pacientes con COVID-19 grave atendidos en un hospital de referencia nacional del Perú

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En línea: 16/04/2020

Con el objetivo de describir las manifestaciones de pacientes con enfermedad por coronavirus 2019 (COVID-19), se evaluaron variables sociodemográficas, antecedentes, manifestaciones clínicas y radiológicas, tratamientos y evolución en pacientes que ingresaron por emergencia, del 6 al 25 de marzo de 2020, al Hospital Nacional Edgardo Rebagliati Martins en Lima. Se registraron 17 pacientes: el 76% eran varones, edad promedio de 53,5 años (rango de 25 a 94); el 23,5% había regresado del extranjero; 41,2% referido de otros establecimientos de salud; 41,2% ingresó a ventilación mecánica; falleció el 29,4% (5 pacientes). Los factores de riesgo detectados fueron adulto mayor, tener hipertensión arterial y obesidad; los principales síntomas, tos, fiebre y disnea; los hallazgos de laboratorio frecuentes, proteína C reactiva elevada y linfopenia; la presentación radiológica predominante, el infiltrado pulmonar intersticial bilateral. Se reporta una primera experiencia en el manejo de pacientes con diagnóstico de la COVID-19 grave en el Perú.
Recursos de Información:

Docencia

COVID19

Atención al niño afecto de SARS-CoV-2 a la Unidad de Cuidados intensivos pediátricos.

http://www.upiip.com/es/docencia/covid19

Unidad de Patología Infecciosa e Inmunodeficiencias de Pediatría del Hospital Universitario Vall d'Hebron

AMA
ASOCIACIÓN MÉDICA AMERICANA

COVID-19 (2019 novel coronavirus) resource center for physicians

Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and healthcare managers

https://n9.cl/0pgf