A día 1 de mayo de 2020, la enfermedad por coronavirus SARS-CoV-2 (COVID-19) ha afectado a más de 3.181.000 de personas en todo el mundo y causado más de 220.000 muertes. Aproximadamente un 1% de los casos ocurren en niños menores de 10 años, mayoritariamente con un curso clínico leve. Los pacientes oncológicos sometidos a quimioterapia podrían ser más vulnerables a las complicaciones asociadas a la COVID-19, como han sugerido Liang et al., pero los datos en pacientes oncológicos pediátricos son escasos...

**Texto Completo**
Apnea neonatal como manifestación inicial de infección por SARS-CoV-2

Carta

Anthony González Brabin, María Isabel Iglesias-Bouzas, Montserrat Nieto-Moro, Amelia Martínez de Azagra-Garde and Alberto García-Salido

Anales de Pediatría


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El nuevo coronavirus (SARS-CoV-2) fue descrito por primera vez en Wuhan, China. Genera la denominada enfermedad por coronavirus 2019 (COVID-19) y actualmente es la causa de una pandemia global que se ha extendido a países europeos desde febrero. España se ha visto muy afectada por este virus, con un gran número de casos confirmados y de muertes...

TEXTO COMPLETO
Beyond Ventilatory Support: Challenges in General Practice and in the Treatment of Critically Ill Children and Adolescents With SARS-CoV-2 Infection

Juliana Ferreira Ferranti, Isadora Souza Rodriguez, Emiliana Motta, Cíntia Johnston, Werther Brunow de B Carvalho and Artur Figueiredo Delgado

Revista da Associação Médica Brasileira
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https://doi.org/10.1590/1806-9282.66.4.521

Severe acute respiratory syndrome coronavirus 2 (Sars-CoV-2 infection) is a new challenge for all countries, and children are predisposed to acquire this disease. Some studies have demonstrated more severe diseases in adults, but critically ill pediatric patients have been described in all ages. Pulmonary involvement is the major feature, and ventilatory support is common in critical cases. Nevertheless, other very important therapeutic approaches must be considered. In this article, we reviewed extensively all recent medical literature to point out the main clinical attitudes to support these pediatric patients during their period in respiratory support. Radiologic findings, fluid therapy, hemodynamic support, use of inotropic/vasopressors, nutritional therapy, antiviral therapy, corticosteroids, antithrombotic therapy, and immunoglobulins are analyzed to guide all professionals during hospitalization. We emphasize the importance of a multi-professional approach for adequate recovery.

TEXTO COMPLETO
Impact of COVID-19 on Pediatric Asthma: Practice Adjustments and Disease Burden

Papadopoulos NG, et al.

The Journal of Allergy and Clinical Immunology: In Practice
Published online: Jun 16, 2020.

https://doi.org/10.1016/j.jaip.2020.06.001

Background: It is unclear whether asthma may affect susceptibility or severity of the Coronavirus Disease 2019 (COVID-19) in children and how pediatric asthma services worldwide have responded to the pandemic.

Objective: To describe the impact of the COVID-19 pandemic on pediatric asthma services and on disease burden in their patients.

Methods: An online survey was sent to members of the Pediatric Asthma in Real Life (PeARL) think-tank and the World Allergy Organization Pediatric Asthma Committee. It included questions on service provision, disease burden and on the clinical course of confirmed cases of COVID-19 infection among children with asthma.

Results: Ninety-one respondents, caring for an estimated population of >133,000 children with asthma, completed the survey. COVID-19 significantly impacted pediatric asthma services: 39% ceased physical appointments, 47% stopped accepting new patients, 75% limited patients visits. Consultations were almost halved to a median of 20 (IQR: 10-25) patients per week. Virtual clinics and helplines were launched in most centers. Better than expected disease control was reported in 20% (10-40%) of patients, while control was negatively affected in only 10% (7.5-12.5%). Adherence also appeared to increase. Only 15 confirmed cases of COVID-19 were reported among the population; the estimated incidence is not apparently different from the reports of general pediatric cohorts.

Conclusion: Children with asthma do not appear to be disproportionately affected by COVID-19. Outcomes may even have improved, possibly through increased adherence and/or reduced exposures. Clinical services have rapidly responded to the pandemic by limiting and replacing physical appointments with virtual encounters.
Understanding SARS-CoV-2-related multisystem inflammatory syndrome in children

Anne H Rowley

Japanese Journal of Infectious Diseases
Published online: Jun 16, 2020.

https://doi.org/10.1038/s41577-020-0367-5

A new multisystem inflammatory syndrome apparently related to infection with SARS-CoV-2 has recently been reported in older children (known as MIS-C), manifested by severe abdominal pain, cardiac dysfunction and shock. Here, I discuss the similarities and differences between MIS-C and Kawasaki disease, focusing on their epidemiology, aetiology and pathophysiological mechanisms.
The coronavirus disease 2019 (COVID-19) pandemic spares no nations or cities causing escalating incidence and mortality. Royalty, prime ministers, celebrities and high government officials alike have been affected by the disease. For peculiar reasons, children and infants have generally been spared in Hong Kong, China and more recently, when returning students from affected cities with the virus had isolated themselves with family members. It has been observed that children are less likely to be affected by COVID-19. In contrast, mortality appears to be higher in the local elderly population (approximately 8.3%) and women (7.4%) in the U.S.[1-3].

In Hong Kong, children with confirmed COVID-19 (March 2020) have been hospitalized with mild to moderate symptoms, suggesting that severe complications occur less frequently in the pediatric age group. It is suggested that infants and young children may not be at immediate risk of transmission. In contrast, adults can become asymptomatic carriers and may also transmit the virus to others[5]. The evidence suggests that the respiratory tract is the main source of transmission in children, with droplet transmission being more frequent compared to adults[6].

Since the outbreak of COVID-19, pediatric patients have been safely cared for at local hospitals in Hong Kong. Several studies have reported on pediatric COVID-19 in children. The World Health Organization (WHO) has classified COVID-19 as a mild respiratory illness with fever, cough, and mild pneumonia. However, a recent study from China described a higher frequency of lower respiratory tract infections in children[7].

In conclusion, children are less likely to be affected by COVID-19, but they can still be infected and spread the virus to others. Early detection and isolation of infected children is crucial to prevent further transmission. Public health measures, such as wearing masks, maintaining social distancing, and regular handwashing, should be emphasized to reduce the risk of transmission. Healthcare providers should be aware of the possibility of pediatric COVID-19 and be prepared to manage these cases effectively.
Fatal Covid-19 in a Malnourished Child With Megaloblastic Anemia

Letter

Rajesh K Kulkarni, Aarti A Kinikar and Tushar Jadhav

The Indian Journal of Pediatrics

Published online: Jun 17, 2020.

https://dx.doi.org/10.1007%2Fs12098-020-03408-7

Children with COVID-19 have relatively mild presentation and less mortality. Malnourished children have sarcopenia and higher risk of death due to infections. We report a case of fatal COVID-19 disease in a severely malnourished young child...

TEXTO COMPLETO
COVID-19 Cardiac Involvement in a 38-day Old Infant

Paolo Del Barba, Daniele Canarutto, Elisa Sala, Giulio Frontino, Maria Pia Guarneri, Chiara Camesasca, Cristina Baldoli, Antonio Esposito and Graziano Barera

Pediatric Pulmonology. Published online: Jun 18, 2020.

https://doi.org/10.1002/ppul.24895

The spectrum of clinical manifestations of coronavirus disease 2019 in children is yet to be fully elucidated. We report the case of an infant who tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and developed mild cardiovascular inflammation, a novelty for patients of very young age, that contributes to defining the puzzling nature of this disease in pediatric patients. The potential cardiovascular involvement of SARS-CoV-2 in children should always be taken into account.

TEXTO COMPLETO
Antibodies in the breast milk of a maternal woman with COVID-19

Yunzhu Dong, Xiangyang Chi, Hai Huang, Liangliang Sun, Mengyao Zhang, Wei-Fen Xie and Wei Chen

Emerging Microbes & Infections
Published online: Jun 18, 2020.

https://doi.org/10.1080/22221751.2020.1780952

A maternal woman was positive for SARS-CoV-2 tested in throat swabs but negative tested in other body fluids, and she had IgG and IgA detected in breast milk. Her infant negative for SARS-CoV-2 at birth had elevated IgG in serum but quickly decayed. These findings suggest that breastfeeding might have the potential benefit to the neonates.
Much is being learned about clinical outcomes for adult COVID-19 patients with underlying chronic conditions, however, there is less coverage on how the COVID-19 pandemic impacts the management of chronic medical conditions in children and youth, such as asthma. Asthma is a common chronic medical condition in children that is uniquely susceptible to changes brought upon by COVID-19. Sudden dramatic changes in the environment, medical practice, and medication use have altered the asthma management landscape with potential impacts on asthma outcomes. In this paper, we review how changes in transportation and travel patterns, school attendance, physical activity, and time spent indoors, along with changes in healthcare delivery since the start of the pandemic all play a contributing role in asthma control in children. We review potentially important influences of asthma control in children during the COVID-19 pandemic worthy of further study.

**TEXTO COMPLETO**
Coronavirus disease 2019 (COVID-19) in children: a systematic review of imaging findings

Susan C Shelmerdine, Jovan Lovrenski, Pablo Caro-Domínguez, Seema Toso and Collaborators of the European Society of Paediatric Radiology Cardiothoracic Imaging Taskforce

Pediatric Radiology
Published online: Jun 18, 2020.

https://doi.org/10.1007/s00247-020-04726-w

Background: COVID-19 is a novel coronavirus infection that can cause a severe respiratory illness and has been declared a pandemic by the World Health Organization (WHO). Because children appear to be less severely affected than adults, their imaging appearances have not been extensively reported.

Objective: To systematically review available literature regarding imaging findings in paediatric cases of COVID-19.

Materials and methods: We searched four databases (Medline, Embase, Cochrane, Google Scholar) for articles describing imaging findings in children with COVID-19. We included all modalities, age <18 years, and foreign language articles, using descriptive statistics to identify patterns and locations of imaging findings, and their association with outcomes.

Results: Twenty-two articles were included, reporting chest imaging findings in 431 children, of whom 421 (97.7%) underwent CT. Criteria for imaging were lacking. At diagnosis, 143/421 (34.0%) had a normal CT. Abnormalities were more common in the lower lobes and were predominantly unilateral. The most common imaging pattern was ground-glass opacification (159/255, 62.4%). None of the studies described lymphadenopathy, while pleural effusions were rare (three cases). Improvement at follow-up CT imaging (3-15 days later) was seen in 29/100 (29%), remained normal in 25/100 (25%) and progressed in 9/100 (9%).

Conclusion: CT chest findings in children with COVID-19 are frequently normal or mild. Lower lobes are predominantly affected by patchy ground-glass opacification. Appearances at follow-up remain normal or improve in the majority of children. Chest CT imaging adds little to the further management of the patient and should be reserved for severe cases or for identifying alternative diagnoses.
Severe COVID-19 in the young and healthy: monogenic inborn errors of immunity?

Comment

Shen-Ying Zhang, Qian Zhang, Jean-Laurent Casanova, Helen C. Su and COVID Team

Nature Reviews Immunology
Published online: Jun 18, 2020.

https://doi.org/10.1038/s41577-020-0373-7

Severe COVID-19 is rare in previously healthy individuals who are less than 50 years of age, affecting probably no more than 1 in 1,000 such infected individuals. We suggest that these patients may become critically ill because of monogenic inborn errors that disrupt protective immunity to SARS-CoV-2.

TEXTO COMPLETO
COVID-19 pneumonia in a Turkish child presenting with abdominal complaints and reversed halo sign on thorax CT

Letter

Süreyya Burcu Görkem and Benhur Şirvan Çetin

Diagnostic and Interventional Radiology

Published online: Jun 19, 2020.

https://doi.org/10.5152/dir.2020.20361

We have read the recent letters in Diagnostic and Interventional Radiology describing coronavirus disease 2019 (COVID-19) pneumonia in a child as a result of familial spread and the “reversed halo sign” observed on thorax computed tomography (CT). We would like to share our experience on both topics recognized in a child presenting with abdominal complaints.

TEXTO COMPLETO
Financial Burden of Hospitalization of Children with Coronavirus Disease 2019 under the National Health Insurance Service in Korea

Joon Kee Lee, Byung Ok Kwak, Jae Hong Choi, Eun Hwa Choi, Jong Hyun Kim and Dong Hyun Kim

Infectious Diseases, Microbiology & Parasitology
Published online: Jun 22, 2020.

https://doi.org/10.3346/jkms.2020.35.e224

Coronavirus disease 2019 (COVID-19) has resulted in an ongoing pandemic; however, the socioeconomic burden of COVID-19 treatment in the pediatric population remains unclear. Thus, the aim of this study was to determine the hospitalization periods and medical costs among children with COVID-19. In total, 145 billing statements for pediatric patients receiving healthcare services because of COVID-19 from February 1, 2020 to March 31, 2020 were used. The study showed that individual treatment costs for children with COVID-19 are approximately USD 2,192 under the Korean National Health Insurance Service System. This study revealed the differences in cost among age groups, determined by the type of hospital wherein admission occurred, as a trend of increasing age, increasing hospitalization time, and increasing cost was observed. Tailored COVID-19 treatment strategies by age group may lower costs and increase the effectiveness of resource allocation.

TEXTO COMPLETO
Impact of COVID-19 on Pediatric Gastroenterology Fellow Training in North America


Journal of Pediatric Gastroenterology and Nutrition
Published online: Jul, 2020.

https://doi.org/10.1097/mpg.0000000000002768

Background: The COVID-19 pandemic has drastically changed healthcare systems and training around the world. The Training Committee of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition sought to understand how COVID-19 has affected pediatric gastroenterology fellowship training.

Methods: A 21 question survey was distributed to all 77 pediatric gastroenterology fellowship program directors (PDs) in the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition program director database via email on April 7. Responses collected through April 19, 2020 were analyzed using descriptive statistics.

Results: Fifty-one of 77 (66%) PDs from the United States, Canada, and Mexico responded to the survey. Forty-six of 51 (90%) PDs reported that they were under a "stay-at-home" order for a median of 4 weeks at the time of the survey. Two of the 51 (4%) programs had fellows participating in outpatient telehealth before COVID-19 and 39 of 51 (76%) at the time of the survey. Fellows stopped participating in outpatient clinics in 22 of 51 (43%) programs and endoscopy in 26 of 51 (52%) programs. Changes to inpatient care included reduced fellow staffing, limiting who entered patient rooms, and rounding remotely. Fellows in 3 New York programs were deployed to adult medicine units. Didactics were moved to virtual conferences in 47 of 51 (94%) programs, and fellows used various online resources. Clinical research and, disproportionately, bench research were restricted.

Conclusions: This report provides early information of the impact of COVID-19 on pediatric fellowship training. Rapid adoption of telehealth and reduced clinical and research experiences were important changes. Survey information may spur communication and innovation to help educators adapt.
Anesthesia and Potential Aerosol Generation During Magnetic Resonance Imaging in Children With COVID-19

Elizabeth Drum, Heather McClung Pasqualino and Rajeev Subramanyam

Paediatric Anaesthesia
Published online: Jun 21, 2020.

https://doi.org/10.1111/pan.13951

The American College of Radiology recommends minimizing Magnetic Resonance Imaging (MRI) in COVID-19 patients, postponing non-urgent exams, and using alternative imaging. Sedation/anesthesia are aerosol generating procedures (AGP) due to requirement of bag-mask ventilation, intubation, and extubation with consequent risk of exposure to healthcare workers. This is complicated by limitation in the use of personal protective equipment (PPE) in the magnet zone (Zone IV). We describe our experience for children requiring anesthesia for emergency MRI during the COVID-19 outbreak in Philadelphia.
COVID-19 in 7780 pediatric patients: A systematic review

Ansel Hoang, Kevin Chorath, Axel Moreira, Mary Evans, Finn Burmeister-Morton, Fiona Burmeister, Rija Naqvi, Matthew Petershack and Alvaro Moreira

EClinicalMedicine
Published online: Jun 26, 2020.

https://doi.org/10.1016/j.eclinm.2020.100433

Background: Studies summarizing the clinical picture of COVID-19 in children are lacking. This review characterizes clinical symptoms, laboratory, and imaging findings, as well as therapies provided to confirmed pediatric cases of COVID-19.

Methods: Adhering to PRISMA guidelines, we searched four medical databases (PubMed, LitCovid, Scopus, WHO COVID-19 database) between December 1, 2019 to May 14, 2020 using the keywords “novel coronavirus”, “COVID-19” or “SARS-CoV-2”. We included published or in press peer-reviewed cross-sectional, case series, and case reports providing clinical signs, imaging findings, and/or laboratory results of pediatric patients who were positive for COVID-19. Risk of bias was appraised through the quality assessment tool published by the National Institutes of Health. PROSPERO registration # CRD42020182261.

Findings: We identified 131 studies across 26 countries comprising 7780 pediatric patients. Although fever (59·1%) and cough (55·9%) were the most frequent symptoms 19·3% of children were asymptomatic. Patchy lesions (21·0%) and ground-glass opacities (32·9%) depicted lung radiograph and computed tomography findings, respectively. Immunocompromised children or those with respiratory/cardiac disease comprised the largest subset of COVID-19 children with underlying medical conditions (152 of 233 individuals). Coinfections were observed in 5·6% of children and abnormal laboratory markers included serum D-dimer, procalcitonin, creatine kinase, and interleukin-6. Seven deaths were reported (0·09%) and 11 children (0·14%) met inclusion for multisystem inflammatory syndrome in children.

Interpretation: This review provides evidence that children diagnosed with COVID-19 have an overall excellent prognosis. Future longitudinal studies are needed to confirm our findings and better understand which patients are at increased risk for developing severe inflammation and multiorgan failure.

Funding: Parker B. Francis and pilot grant from 2R25- HL126140. Funding agencies had no involvement in the study.

TEXTO COMPLETO
Biblioteca Digital Colaborativa

COVID-19

https://www.librarycovid19.org/
Formación Interactiva de Cochrane: Cómo realizar una revisión sobre intervenciones

https://training.cochrane.org/es/interactivelearning

Módulos gratuitos para:
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Charla Online
Síndrome Inflamatorio Multisistémico asociado a COVID-19 (PIMS-TC)

Sociedad Chilena de Pediatría

https://www.sochipe.cl/infectologia/evento/
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Boletín Edición Nº 7

Boletín Edición Nº 8

Boletín Edición Nº 9

Boletín Edición Nº 10

Boletín Edición Nº 11

Boletín Edición Nº 12

Boletín Edición Nº 13

Boletín Edición Nº 14

Boletín Edición Nº 15

Boletín Edición Nº 16