



Demographic and Clinical Profile of Mortality Cases of COVID-19 in Children in New Delhi

Amitabh Singh¹ · Isha Saini¹ · Satish Kumar Meena¹ · Rani Gera¹

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To the Editor: In children, COVID-19 is a comparatively rare cause of death [1]. Data on the characteristics of fatal form of COVID-19 in pediatric patients are scarce [2]. Here, we summarize the demographic and clinical profile of fatal cases of confirmed COVID-19 infection in children. Data were extracted from the hospital's electronic medical records for period between 1st march and 31st July 2020.

In this cohort (n = 9), median duration of symptoms was 7 d [interquartile range (IQR 3–11)] and the median age at death was 4 y (IQR 1.5–9.5 y), with M:F ratio (1:2). The underlying illnesses were tuberculosis (n = 3), spastic cerebral palsy (n = 1) and chronic immune thrombocytopenic purpura (n = 1). History of contact was present in 2 cases. The most common symptoms were fever (n = 6), seizures (n = 6), altered sensorium (n = 6), diarrhea (n = 3), difficulty in breathing (n = 2), cough (n = 2), rash (n = 2), vomiting (n = 1) and headache (n = 1). Five children (n = 5) had bilateral pneumonia and one (n = 1) had unilateral pneumonia on chest radiographs. Laboratory parameter showed elevated leucocyte count (n = 6), leucopenia (n = 1), lymphopenia (n = 4), thrombocytopenia (n = 3), increased C-reactive protein and lactate dehydrogenase (n = 6), and increased alanine aminotransferase (ALT) and aspartate aminotransferase (AST) (n = 4). Two patients had increased ferritin (n = 2/5) and elevated d-dimer level (n = 5). Most of our cases (n = 6), meet the case definition of multisystem inflammatory syndrome in children and adolescents with COVID-19 by WHO [3].

Study from China reported 5.6% of children with severe disease and 0.6% of children developing multiorgan failure or acute respiratory distress syndrome (ARDS) [4]. In our cohort, 66.67% had neurological presentation. Oualha et al. in their series, reported 7% children with neurological involvement or dysfunction [2].

Predominant neurological presentation in this series highlights varied presentation of COVID-19 in children. It is imperative to have high index of suspicion for COVID-19 in all the children who are sick or having atypical clinical course.

Declarations

Conflict of Interest None.

References

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✉ Rani Gera
drranigera@gmail.com

¹ Department of Pediatrics, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi 110029, India