



CLINICAL PROFILE AND OUTCOME OF CHILDREN AGES 1 MONTH TO 18 YEARS WITH CRITICAL COVID-19 AT THE PHILIPPINE CHILDREN'S MEDICAL CENTER

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Background

The clinical spectrum of COVID-19 in children extends from the usual asymptomatic to moderate to the very few severe to critical disease. In the Philippines, there is paucity of local data with regards pediatric patients with critical COVID-19. This study will describe the clinical profile and outcome of patients with critical disease associated with COVID-19 in a tertiary pediatric specialty hospital.

Objective

To describe the clinical profile and outcome of children ages 1 month to 18 years old diagnosed with Critical COVID-19 at the Philippine Children's Medical Center

Methods

Retrospective cross-sectional study of all cases with critical COVID-19 in a tertiary pediatric specialty hospital from March 2020 to February 2021 was done. Forty two cases underwent chart review. Data was described using means and standard deviations from continuous variables and frequency and counts and percentages for discrete or categorical variables.

Results

Most of the patients were female with a median age of 8 years old and with normal nutritional status. Majority of the patients had known comorbidities. The most common presenting manifestations are fever and cough. Hemodynamic instability and hypoxia are the most common reasons for admission to the PICU. Organ dysfunction was seen in most patients with elevated serum inflammatory markers. Treatment is mostly supportive. The median hospital stay is 12 days. The mortality rate is 24% with casualties having a median hospital stay of 5 days.

Conclusion

Clinical and diagnostic data about critical COVID-19 is variable. Sex, nutritional status or pre-existing co-morbidities had no significant relationship to PICU admission or referral.

Recommendations

Use of particular laboratory markers as predictive factors for illness course or potential complication and increased sample size to allow for further definition of risk factors and accompanying organ dysfunction.

KEYWORDS: critical COVID-19, inflammatory markers