

Pediatric COVID-19 symptoms differ from those seen in adults

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upper airway infections. Just over one in 10 children had a reduced lymphocyte count (12.9 percent). Nearly two-thirds of cases exhibited abnormalities on computed tomography (63 percent), including ground glass opacities, patchy shadows, and consolidations. Only one death was reported.

"The vast majority of children with COVID-19 have a favorable clinical course and their [clinical manifestations](#) differ widely from adult cases. Fever and respiratory symptoms should not be considered a hallmark of COVID-19 in children," the authors write. "Therefore, pediatricians should have a high level of clinical suspicion to diagnose children infected with severe acute respiratory syndrome coronavirus 2, as the majority of pediatric cases are asymptomatic or mild."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Clinical manifestations of COVID-19 in children differ widely from adult cases, according to a review published online June 3 in *Pediatric Pulmonology*.

Tiago H. de Souza, M.D., Ph.D., from the State University of Campinas in Brazil, and colleagues conducted a systematic literature review to identify studies that describe the clinical, laboratorial, and radiological characteristics of [children](#) with COVID-19.

The researchers identified 38 studies (1,124 cases) and found that 14.2 percent of children were asymptomatic, 36.3 percent had [mild symptoms](#), 46.0 percent had moderate symptoms, 2.1 percent had [severe symptoms](#), and 1.2 percent of cases were critical. Fever was the most common [symptom](#) (47.5 percent), followed by cough (41.5 percent), nasal symptoms (11.2 percent), diarrhea (8.1 percent), and nausea/vomiting (7.1 percent). Pneumonia was diagnosed in 36.9 percent of children, while 10.9 percent were diagnosed with

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