

COVID-19 AND LUNG AFFECTION IN CHILDREN

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Abstract

Infection in children manifests with mild respiratory symptoms unnoticed. respiratory problems. It occurs in 5% of all infected 28% asymptomatic are diagnosed by contact with infected adult or by having been exposed .Clinical course and viral load in asymptomatic patients and people with SARS S-CoV-2 infection may be similar, the isolation of those infected must be carried to control spread. RxT classification suggestive pattern of pneumonia; shows a peripheral ground glass image and / or subpleural, consolidation. Involve both lungs, peripheral. Faint interstitial images.TAC thorax show The "halo" sign, as a focal consolidation surrounding ground glass opacity border. "Is seen early in the course of the disease (early phase), and becoming in consolidative. Also, fine-mesh reticulations with "disorganized pavement". In pediatric patients no treatment has demonstrated effectiveness or efficacy of drugs with antiviral potential against SARS-CoV-2.Federal Drug Administration (FDA) advises that the hydroxychloroquine and chloroquine, either alone or in combination with azithromycin, should be limited to clinical trials. Antiviral therapy is not necessary for pediatric patients but is used in those who develop critical illness.Remdesivir in moderate symptoms where oxygen is required, decrease the duration of symptoms and mortality. Immunotherapy with Tocilizumab ranks as a treatment option for severe or critical cases of COVID-19 with elevated IL-6.Glucocorticoids modulate inflammation-mediated lung injury and therefore prevent progression to respiratory failure and death. Rectal ozone decreases the supply of O₂ and improves O₂ saturation, decreases biomarkers of inflammation. The most of the drugs have been applied continue to be in clinical trials.

Keywords: Covid19, pediatrics, RxT, CT, Treatment



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