

Presentación epidemiológica de COVID-19 en España y situación actual



“Un día de abril”

Alberto García Salido

Servicio de Cuidados Intensivos Pediátricos,

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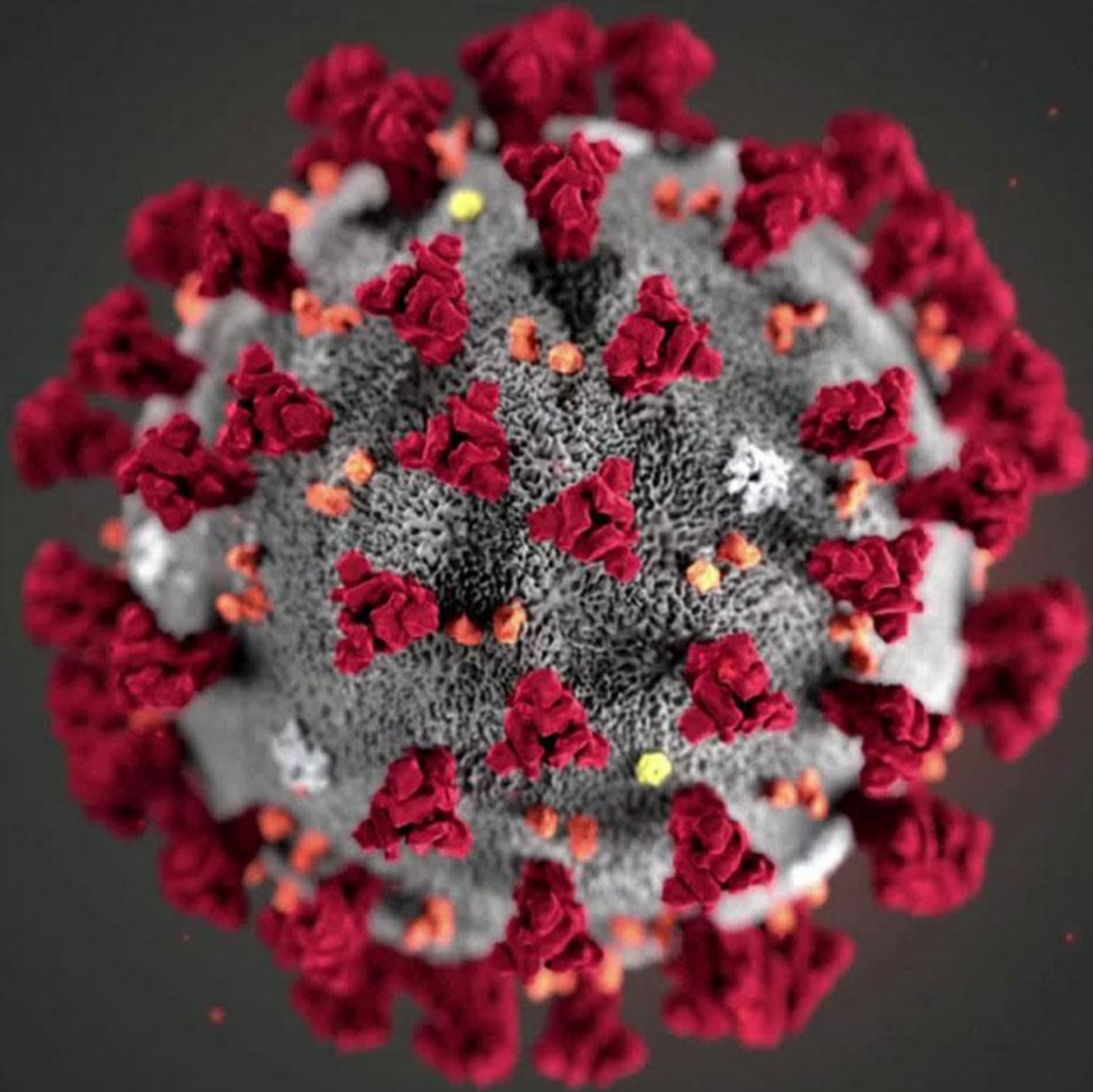
@UCIP_HNJ

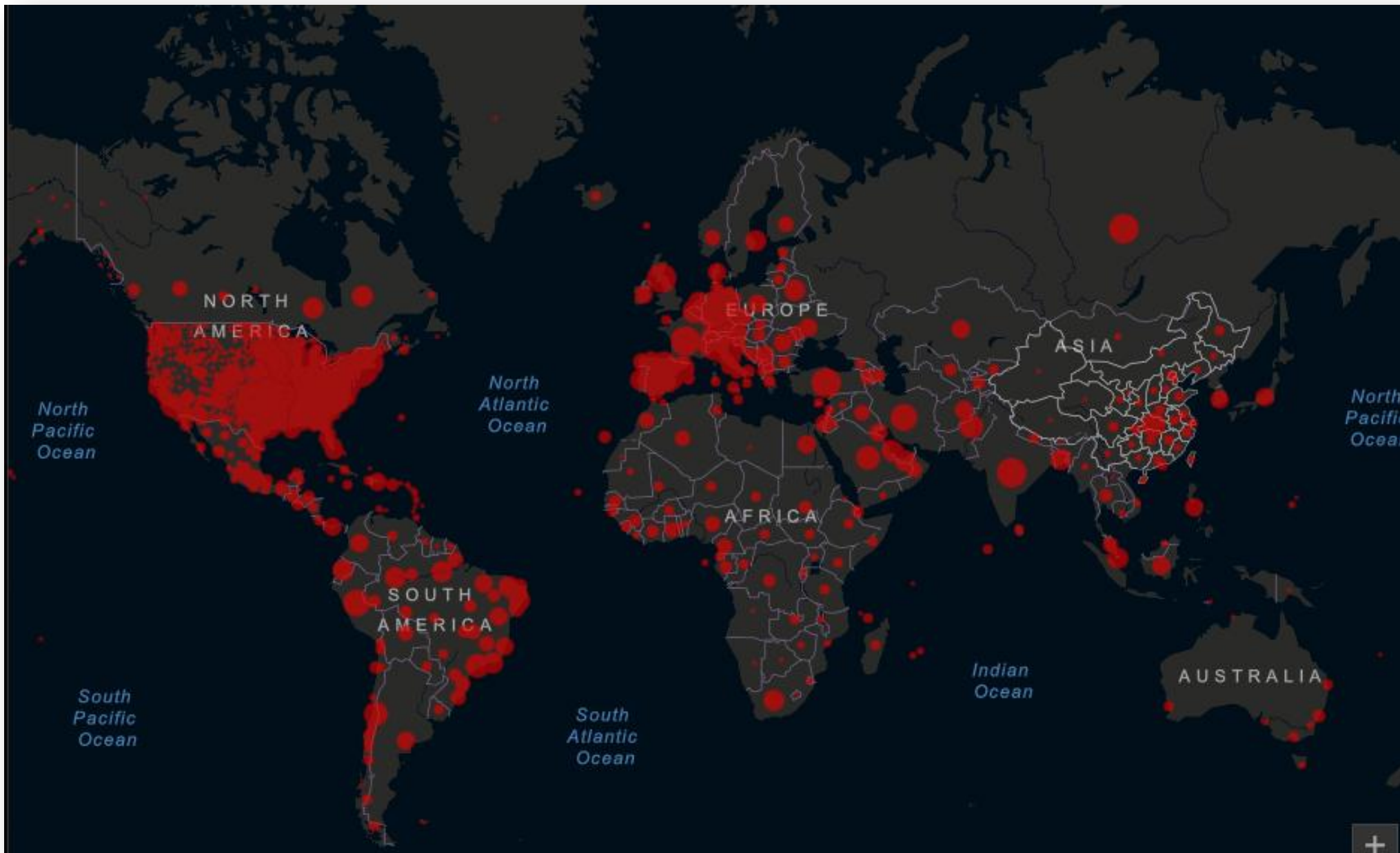
SECOND OPINION

BY ROB ROGERS



Rogers R. Chest 2008;133:598-598







No, el hospital Niño Jesús de Madrid no se va a convertir en hospital limpio para toda la pediatría urgente “para liberar camas pediátricas para uso covid en otros hospitales” a fecha 16 de marzo

Reenviado

IMPORTANTE

Para los que tenéis hijos menores de 18 años que sepáis que el niño Jesús se va a convertir en hospital “limpio” monográfico para toda la pediatría (urgente) de... para liberar camas pediátricas para uso covid en otros ho...
2:37

BULO

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La Comunidad de Madrid reorganiza la Atención Pediátrica Urgente



PARA EVITAR POSIBLES CONTAGIOS POR CORONAVIRUS A PACIENTES Y A PADRES/TUTORES

La Consejería de Sanidad de la Comunidad de Madrid ha reorganizado la atención de la Urgencia pediátrica, Cuidados Intensivos y hospitalización pediátrica centralizando las necesidades actuales en los hospitales Universitarios La Paz e Infantil Universitario Niño Jesús.



120 minutos
@120minutosTM



#DIRECTO Muchos padres retrasan ir a Urgencias con sus hijos por el confinamiento y eso puede agravar su estado de salud. Hablamos de ello con Mercedes de la Torres, jefa de Urgencias del hospital Niño Jesús #quedateencasa Directo telemd.es/cve59



1 13:00 - 16 abr. 2020



MANEJO DEL PACIENTE PEDIÁTRICO ANTE SOSPECHA DE INFECCIÓN POR EL NUEVO CORONAVIRUS SARS-CoV-2 EN ATENCIÓN PRIMARIA (COVID-19)

AEPap-SEIP/AEP-SEPEAP



Documento técnico

Manejo clínico del COVID-19:
unidades de cuidados intensivos

18 de mayo de 2020



Las recomendaciones incluidas en el presente documento están en continua revisión y podrán ser modificadas si la situación epidemiológica y las opciones terapéuticas así lo requieren.



I ENCUENTRO DIGITAL
ASOCIACIÓN ESPAÑOLA DE PEDIATRÍA
AEP 4 y 5 JUNIO 2020



Children in Critical Care Due to Severe Acute Respiratory Syndrome Coronavirus 2 Infection: Experience in a Spanish Hospital

Alberto García-Salido, MD, PhD; Inés Leoz-Gordillo, MD; Amelia Martínez de Azagra-Garde, MD; Montserrat Nieto-Moro, MD; María Isabel Iglesias-Bouzas, MD; María Ángeles García-Teresa, MD; Marta Cabrero-Hernández, MD; Gema De Lama Caro-Patón, MD; Ainhoa Gochi Valdovinos, MD; Anthony González-Brabin, MD; Ana Serrano-González, MD, PhD

Primeros pacientes

Pediatric Critical Care
Medicine[®] Society of
Critical Care Medicine
The American Society of
Pediatric Critical Care Medicine



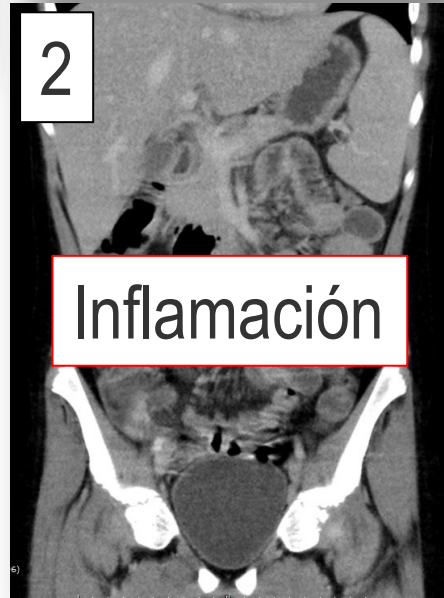
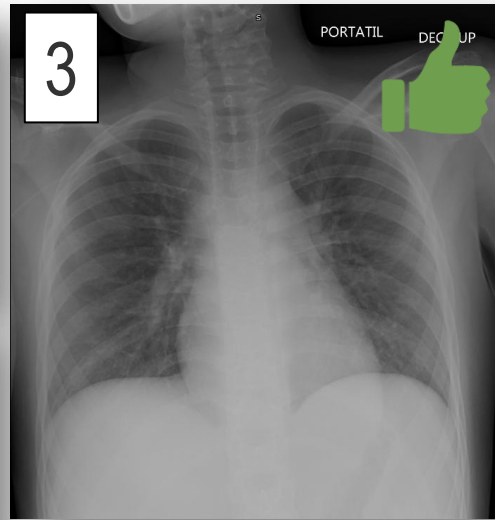
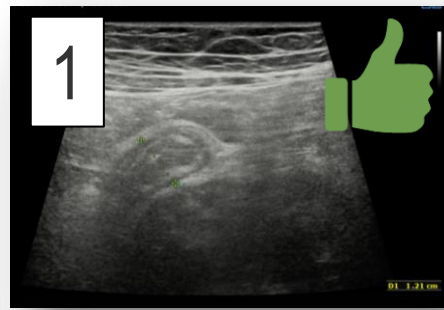
CHANGES AHEAD



Casos nuevos confirmados



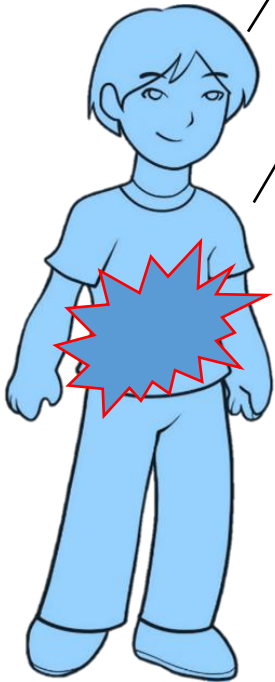
10 de abril



12 años

Fiebre

Hipotensión
Taquicardia



Linfopenia 🤔

D-Dímero 🤔

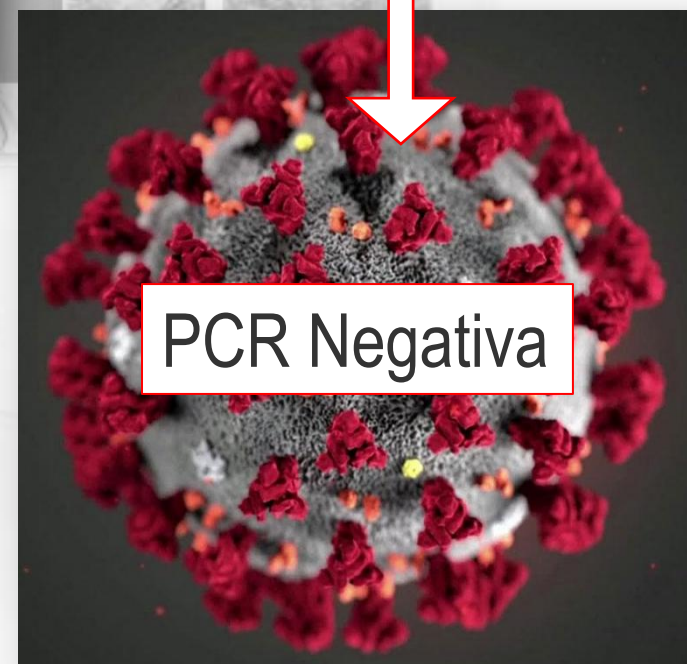
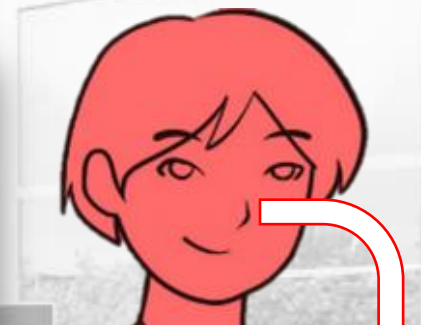
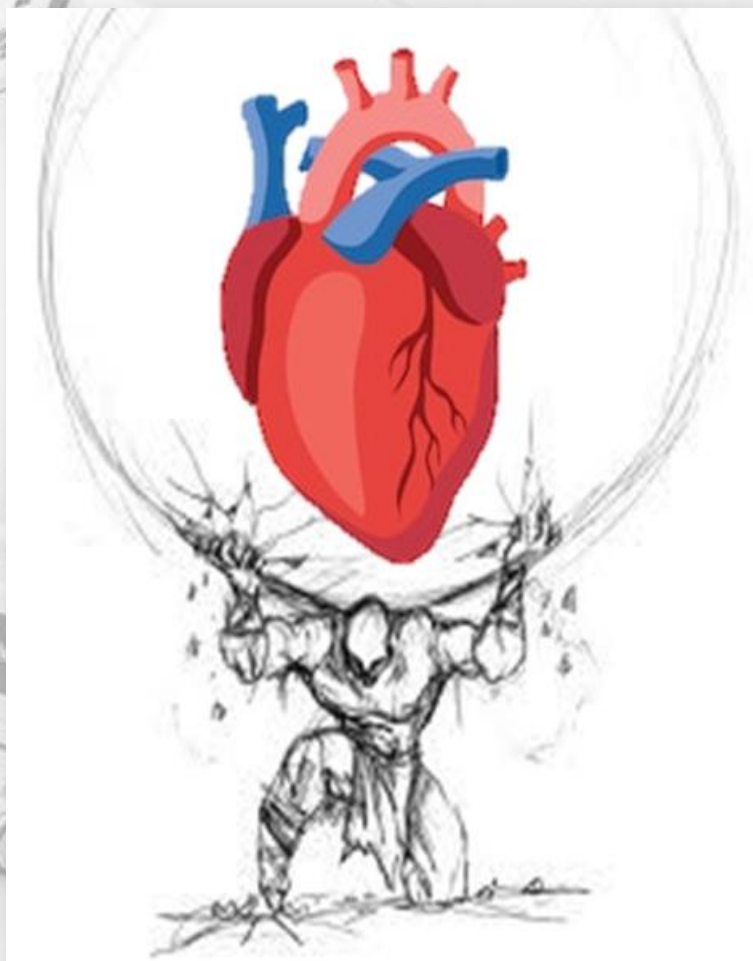
Procalcitonina
Proteína C Reactiva 🤔

¿Sepsis de origen abdominal?

¿Abdomen agudo?

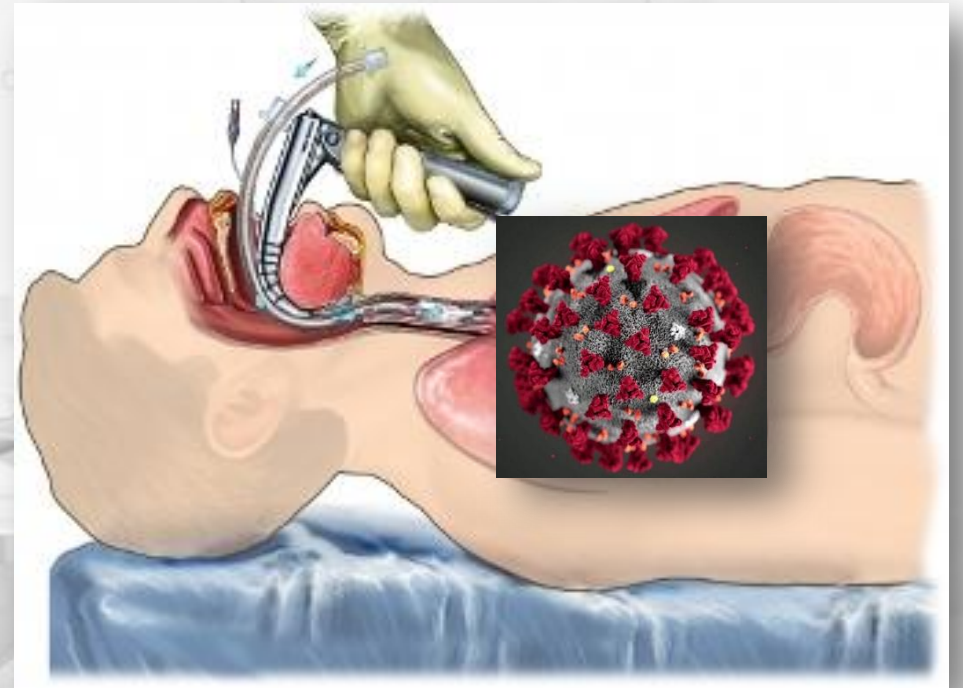
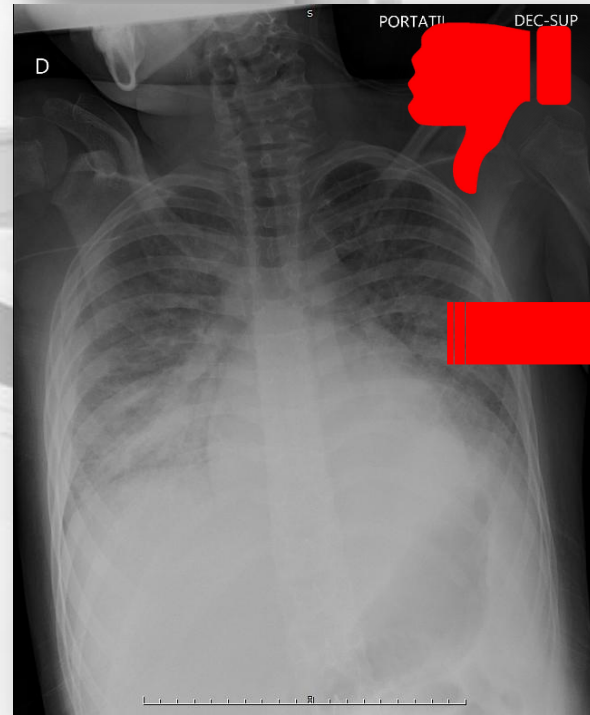
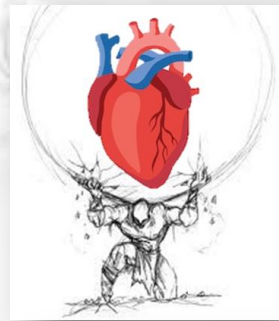


Recordando
momentos





¿Shock tóxico?



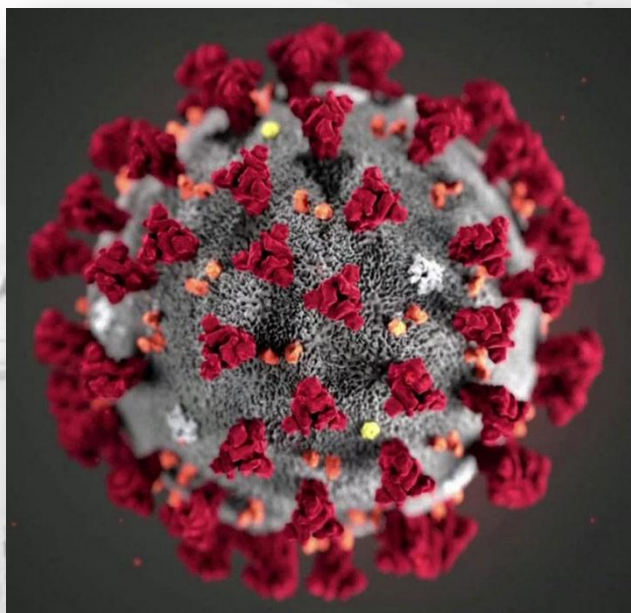
PCR Positiva



**SARS-COV2
EN NIÑOS**

**SÍNDROME
INFLAMATORIO**

**NEUMONÍA
BILATERAL**



“Empirismo”

Heparina

Trombosis

Tocilizumab

Corticoides

Tratamiento de
soporte





16

26 de abril



Urgent alert

Rising no of cases presenting to #PedsICU with multi-system hyperinflammatory state, overlapping features of toxic shock syndrome & atypical Kawasaki disease, bloods consistent with severe #COVID19 - seen in both #SARSCoV2 PCR +ve AND -ve

Please share widely

[Traducir Tweet](#)

PICS wishes to bring your attention to an important alert from NHS England. Text below:

"Over the last 3 weeks there has been apparent rise in the number of children of all ages presenting with a multi-system inflammatory state requiring intensive care across London and also in other regions of the UK. The cases have in common overlapping features of toxic shock syndrome and atypical Kawasaki Disease with blood parameters consistent with severe COVID-19 in children. Abdominal pain and gastrointestinal symptoms have been a common feature as has cardiac inflammation. This has been observed in children with confirmed PCR positive SARS-CoV-2 infection as well as children who are PCR negative. Serological evidence of possible preceding SARS-CoV-2 infection has also been observed. There is a growing concern that a SARS-CoV-2 related inflammatory syndrome emerging in children in the UK or that there may be another as yet unidentified infectious pathogen associated with these cases".

PICS wishes to highlight this alert to all paediatricians, as well as colleagues in anaesthesia and adult Intensive Care who may be involved in the management of sick children. Early discussion with regional paediatric infectious disease and critical care teams is recommended.

NHS England and NHS Improvement y 9 más

10:32 p. m. · 26 abr. 2020 · [Twitter Web App](#)

4,5 mil Retweets 2,7 mil Me gusta



28 de abril



INFORMACIÓN PARA FAMILIAS

La Asociación Española de Pediatría (AEP) ha remitido un comunicado interno a los profesionales pediatras y a otros médicos, con el título "Alerta sobre casos de shock pediátrico" y queremos aclarar las siguientes cuestiones:

- **Llamar a la calma a las familias.** El cuadro clínico del que se informa en esta comunicación profesional, **es muy infrecuente**, y se han descrito muy pocos casos en España. Gracias al modelo pediátrico español, por el que los pediatras de atención primaria son el primer contacto de los niños con la sanidad -muy bien formados y ya alertados de estos posibles cuadros-, ello nos permitiría actuar ante los primeros síntomas. Tal y como se ha puesto de manifiesto en la práctica clínica, seguimos insistiendo en que **la gran mayoría de las ocasiones la COVID-19 cursa de forma leve en los niños.**
- Los casos de shock en niños que están coincidiendo temporalmente con la epidemia de COVID19 son muy infrecuentes; el cuadro clínico se caracteriza por fiebre, vómitos, inicialmente o puede debutar solo con dolor abdominal, exantema en la piel, los ojos enrojecidos y mal estado general. No sabemos aún la causa, pero puede estar desencadenado por infecciones bacterianas y **tiene un tratamiento bien establecido** independientemente del tipo de agente infeccioso que la cause.



Correspondence

Representations of MIS-C cases during COVID-19 pandemic

Country	Number of cases	Reference
Spain	10	[1]
Portugal	5	[2]
France	3	[3]
Germany	2	[4]
Poland	1	[5]
Czech Republic	1	[6]
Slovakia	1	[7]
Hungary	1	[8]
Romania	1	[9]
Bulgaria	1	[10]
Greece	1	[11]
Turkey	1	[12]
Serbia	1	[13]
Montenegro	1	[14]
Albania	1	[15]
Macedonia	1	[16]
Kosovo	1	[17]
Bosnia and Herzegovina	1	[18]
Croatia	1	[19]
Slovenia	1	[20]
Austria	1	[21]
Switzerland	1	[22]
Italy	1	[23]
Japan	1	[24]
South Korea	1	[25]
Philippines	1	[26]

Circulation

Acute heart failure in multisystem inflammatory syndrome in children (MIS-C) in the context of global SARS-CoV-2 pandemic

Abstract

Background: COVID-19 in children has been associated with MIS-C. MIS-C is a clinical entity characterized by acute heart failure, fever, rash, and other systemic symptoms. We report a case of MIS-C with acute heart failure in the context of the global SARS-CoV-2 pandemic.

Articles

An outbreak of severe Kawasaki-like disease at the Italian epicenter of the SARS-CoV-2 epidemic: an observational cohort study

Abstract

Background: The Italian region of Lombardy was the first to report a large number of SARS-CoV-2 infections. We report an outbreak of severe Kawasaki-like disease (KLD) in the Italian epicenter of the SARS-CoV-2 epidemic.

The Indian Journal of Pediatrics
<https://doi.org/10.1007/s12040-020-03337-1>

CLINICAL BRIEF

Multisystem Inflammatory Syndrome with Features of Atypical Kawasaki Disease during COVID-19 Pandemic

Abdul Rauf¹ · Ajay Vijayan¹ · Shaj Thomas John¹ · Raghuram Krishnan² · Abdul Latheef¹

Received: 8 May 2020 / Accepted: 11 May 2020
 © Dr. K. Chaudhuri Foundation 2020

Abstract

There is a global concern of increasing number of children presenting with inflammatory syndrome with clinical features resembling Kawasaki disease, during ongoing COVID-19 pandemic. The authors report a very similar case of 5-year-old boy from a COVID-19 hotspot area who presented in late April 2020 with acute febrile illness with abdominal pain and loose stools followed by shock. On examination, child had higher conjunctivae and extensor edema. Initial investigations showed high inflammatory parameters, elevated serum creatinine and liver enzymes. Echocardiography showed moderate LV dysfunction and normal coronaries. Cardiac enzymes were also elevated, suggesting myocarditis. He was treated with intravenous support, respiratory support with high flow nasal cannula, IV immunoglobulins, aspirin, steroids and diuretics. RT-PCR for SARS-CoV-2 was negative twice. His clinical condition improved rapidly, was afebrile from day 2, inflammatory parameters decreased, left ventricular function improved and was discharged after 6-d of hospital stay.

Keywords Kawasaki disease · Inflammatory syndrome · COVID-19 · Multi-organ dysfunction · Children



Multisystem Inflammatory Syndrome in Children during the COVID-19 pandemic: a case series

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Severe SARS-CoV-2 Infection in Children With Suspected Acute Abdomen: A Case Series From a Tertiary Hospital in Spain

Marta Cabrero-Hernández, MD,* Alberto García-Salido, MD, PhD,* Inés Leoz-Gordillo, MD,* Jose Antonio Alonso-Cadenas, † Ainhoa Gochi-Valdovinos, MD,* Anthony González Brabin, MD,* Gema De Lama Caro-Patón, MD,* Montserrat Nieto-Moro, MD,* Amelia Martínez-de-Azagra-Garde, MD,* and Ana Serrano-González, MD, PhD*

TABLE 1. Clinical and Laboratory Findings

	Case 1	Case 2	Case 3	Case 4	Case 5
Fever	Yes	Yes	Yes	Yes	Yes
Abdominal pain	Yes	Yes	Yes	Yes	Yes
Diarrhea/vomiting	Diarrhea Vomiting	Vomiting	Diarrhea Vomiting	Diarrhea Vomiting	Vomiting
Dehydration	Yes	Yes	Yes	Yes	Yes
Ultrasound/Abdominal CT	Inflammation of the intestine without surgically treatable disease	Inflammation of the intestine without surgically treatable disease	Inflammation of the intestine without surgically treatable disease	Inflammation of the intestine without surgically treatable disease	Inflammation of the intestine without surgically treatable disease
Inotropic support	Yes	Yes	Yes	No	Yes
Respiratory support	IMV	HFC	HFC	HFC	HFC
Lymphocytes/mm ³	330	350	380	720	250
LDH (range 100–250 U/L)	934 U/L	396 U/L	289 U/L	341 U/L	229 U/L
Ferritin (range 7–140 U/L)	2933 ng/mL	1433 ng/mL	—	207 ng/mL	232 ng/mL
D-Dimer (range 0–0.5 mg/L)	35.42 mg/L	5.53 mg/L	2.5 mg/L	4.13 mg/L	38.71 mg/L
Interleukin-6 (range 0–7 pg/mL)	878 pg/mL	83 pg/mL	96 pg/mL	147 pg/mL	2220 pg/mL
Troponin (range 0–15.6 ng/L)	2800 ng/L	3.9 ng/L	36.8 ng/L	38.9 ng/L	54.3 ng/L
C-reactive protein (range 0.01–1 mg/dL)	32.38 mg/dL	38.26 mg/dL	24.84 mg/dL	30.59 mg/dL	18.02 mg/dL
Procalcitonin (range 0.1–0.5 ng/mL)	27.07 ng/mL	2.69 ng/mL	1.84 ng/mL	2.82 ng/mL	65.2 ng/mL
Antibiotic therapy	Meropenem Amikacin	Piperazillin– Tazobactam	Cefotaxime	Meropenem	Meropenem Amikacin
Hydroxychloroquine	Yes	Yes	Yes	Yes	Yes
Methylprednisolone (1 mg/kg/day)	Yes	Yes	Yes	Yes	Yes
Azithromycin	Yes	Yes	Yes	Yes	Yes
Lopinavi/Ritonavir	Yes	Yes	Yes	Yes	Yes
Tocilizumab	Yes	No	Yes	Yes	Yes
Low-molecular-weight heparin	Treatment dose	Prophylactic dose	Prophylactic dose	Prophylactic dose	Prophylactic dose
Bacterial culture	Negative	Negative	Negative	Negative	Negative
COVID-19	Confirmed by PCR	Confirmed by serology	Confirmed by PCR	Confirmed by serology	Suspicion, not confirmed

CT indicates computed tomography; IMV, invasive mechanical ventilation; HFC, high flow cannulas; LDH, lactate dehydrogenase; PCR, polymerase chain reaction.





@Nopanaden

Gracias!!!

