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Long Coronavirus Disease in Pediatric Rheumatology

To the Editors:

We read with interest the article by Ashkenazi-Hoffnung et al¹ reporting 90 children with long coronavirus disease (COVID) followed in a designated multidisciplinary clinic. The authors reported mainly respiratory symptoms with less than half of tested patients carrying abnormal findings.¹ Nevertheless, musculoskeletal manifestations were frequent among the study cohort with myalgia and arthralgia recorded in 46% and 14% of cases, respectively.¹

Herein, we report our experience with long COVID in a tertiary referral hospital for

pediatric rheumatology. We prospectively followed patients referred to our center for musculoskeletal manifestations and a previous severe acute respiratory syndrome coronavirus 2 infection (positive reverse transcription polymerase chain reaction test on nasopharyngeal swab and/or serology tests) from January to June 2021. Six patients (2 girls) were included in the study; the median age at first evaluation was of 10.1 ± 3 years. All patients were previously healthy. None of them was hospitalized because of acute COVID19. All patients underwent a full physical examination along with laboratory test and other investigations according to their clinical manifestations. Polyarthralgia represented the main reason of referral; even so, the clinical pictures were slightly different for each patient. A 10-year-old girl developed diffuse and persistent joint pain along with antalgic gait; all the investigations were negative, and the physical examination documented the presence of allodynia; thus, a diagnosis of diffuse amplified musculoskeletal pain syndrome was made. A 16-year-old boy had persistent low-grade fever with weight loss (7 kg in 3 months) and polyarthralgia of the hands. Three patients had intense joint pain, and one of them, a 5-year-old girl, had an ultrasound documenting an intraarticular swelling of the right hip but the arthralgia persisted once the swelling subsided. One patient was referred for persistent swelling of the fourth toe of the right foot along with a red-purple rash; he was diagnosed as having COVID toe.² The onset of these symptoms preceded or appeared right after a positive result of the nasopharyngeal swab, except for a patient who developed an intense and excruciating low back pain after recovering from a multisystem inflammatory syndrome in children. The median time interval from onset of manifestations and first visit at our center was 2.5 ± 1 months. All patients recovered during the follow-up, and the median duration of long COVID manifestations was 5 ± 1.3 months.

None of our patients developed a chronic inflammatory condition, and the investigations did not document relevant and/or persistent abnormalities. Despite the fact that they all recovered, these patients showed several degrees of limitations in daily life for some months. Furthermore, we recently saw a high number of young patients referred for musculoskeletal manifestations without any abnormal findings, often diagnosed with amplified musculoskeletal pain syndrome, without any antecedent COVID history. Whether long COVID can be considered just a consequence of a viral infection or should be attributed to the implications of “the pandemic era” we are now living in is still a matter of debate.^{3,4}

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Invasive *Haemophilus influenzae* Type b in an Infant During the COVID-19 Pandemic: The Return of Diseases We Hoped Never to See Again...

To the Editors:

A 7-month-old previously healthy female was admitted to our hospital with generalized tonic-clonic seizures, 4 days history of fever (102.9 F) and nonbilious nonbloody emesis. Meningitis was diagnosed with a lumbar puncture that revealed pleocytosis. Brain magnetic resonance imaging with

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