

Rehospitalization indications of children hospitalized for COVID-19 infections and long COVID

Hinpetch Daungsupawong¹, Viroj Wiwanitkit^{2,3}

¹Private academic consultant, Phonhong, Laos, ²Adjunct professor, University Centre for Research & Development Department of Pharmaceutical Sciences, Chandigarh University Gharuan, Mohali, Punjab, India; ³Adjunct professor, Department of Biological Science, Joseph Ayobabalola University, Ikeji-Arakeji, Nigeria

Dear Editor, we would like to share ideas on the publication "Rehospitalization indications of children hospitalized for COVID-19 infections after discharge: Should we suspect long COVID?".¹ The study was carried out in a Turkish children's hospital to investigate the rehospitalization rates and reasons among children infected with COVID-19. COVID-19 hospitalizations totaled 777 children, with 98 (12.6%) instances requiring rehospitalization. The bulk of rehospitalizations were caused by unrelated diseases, infections, or surgical procedures. Approximately one-third of the rehospitalized patients had symptoms consistent with extended COVID syndrome.

The study was carried out in a single tertiary children's hospital in Turkey, which may restrict the findings' generalizability to other settings or populations. There was no comparison group of children with COVID-19 who were not rehospitalized in the research. This makes determining the importance of rehospitalization rates and the precise influence of COVID-19 on rehospitalization problematic. Only children who were rehospitalized in the research center after being discharged were included in the study. This may add selection bias since it eliminates children who were rehospitalized elsewhere or did not request rehospitalization.

The study did not go into detail on the exact underlying disorders that resulted in

rehospitalization. This limits our understanding of how these variables affect COVID-19 outcomes.

The study did not account for any confounding factors that can alter the reported symptoms and long-term outcomes, such as underlying medical conditions, socioeconomic status, or access to healthcare. These factors might have an impact on the results and make it more difficult to draw conclusive conclusions. Long-COVID-19 needs specific care due to a medical condition. There are a few significant difficulties that should be noted in addition to the general problems covered in the text. The patient's prior apparent clinical diagnosis was validated by COVID-19, notwithstanding the likelihood of unidentified co-morbid disorders. The patient may furthermore be infected with COVID-19 a second time.² The most recent injection must cover all earlier vaccines. To draw a conclusion regarding how the condition affects health issues, there must be sufficient data.

Author contribution

The authors confirm contribution to the paper as follows: study conception and design: HP and VW; draft manuscript preparation: HP and VW; supervision: VW All authors reviewed the results and approved the final version of the manuscript.

✉ Hinpetch Daungsupawong
hinpetchdaung@gmail.com

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Conflict of interest

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